

Borough of Worthing



ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1969

J. A. G. GRAHAM

M.B., Ch.B., D.P.H.

Medical Officer of Health

and

Borough School Medical Officer

HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
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(TELEPHONE: WORTHING 37802).

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HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
WORTHING.

October, 1970.

To the Mayor, Aldermen and Councillors of the Borough of Worthing.

I have pleasure in presenting my Annual Report on the health of the Borough in 1969. Part III deals with the environmental health services and has been compiled by your Chief Public Health Inspector, Mr. J. R. Davenport.

The Registrar General's estimate of the mid-year population was 83,100—an increase of only 20 over the previous year, though local evidence would seem to suggest that Worthing's population is still growing considerably. The full census to be held in April 1971 will give the true picture.

For the second year in succession there was a fall in the number of births and in the birth rate. Live births numbered 865 giving an adjusted rate of 16.8 per 1,000 of the population, compared with 889 and 17.3 in 1968. This fall is in line with the national trend. 82 of these births were illegitimate—9.5% of the total—an encouraging reversal of the rising percentage that has been evident over the past decade.

Deaths numbered 2,055 in 1969—51 fewer than in the previous year, and once again heart disease was the commonest cause (37.6%) with strokes and other diseases of the circulation coming a close second (25.8%). There were 380 deaths from cancer (18.5%), the commonest site being the lung and bronchus which claimed 98 victims with men being affected twice as often as women.

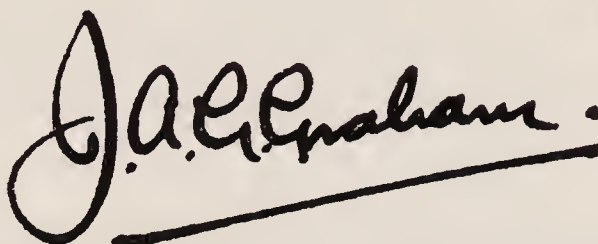
Seebohm and after: The Local Authority Social Services Act, 1970 has now been passed by Parliament after little discussion and with what to many seemed indecent haste. Virtually all of the recommendations of the Seebohm Report on which it is based are to be implemented. So far as the Borough of Worthing is concerned this will mean that many of the services administered locally by the Health Department under the delegation scheme will revert to the County Council. These include such well established sections of the department as the home help service, the mental health services, medical social work, services for the handicapped and the supervision of private nurseries and playgroups.

The philosophy behind these major changes is the determination to bring together all branches of social work and provide "one door" for the public to knock on. This ideal must, in many areas, remain unfulfilled for years to come. In the meantime the inevitable divorce of health from welfare will hinder rather than help the public. The division of the health service into three parts in 1948 is now recognised as a fundamental error. The excuse was that at the time it was the only politically expedient course open if a National Health Service were to get off the ground. Now,

22 years later, the same reasoning is used to justify the present division. No doubt this equally disastrous mistake will be put right one day.

Acknowledgments:

I should like again to record my thanks to the Chairman and members of the Health and Welfare, and the Education Committees for their interest and encouragement in the work of the department. I acknowledge also the helpful co-operation I have received from my local government and medical colleagues, and the conscientious work of all my staff.

A handwritten signature in cursive script, reading "J.A. C. Graham.", followed by a horizontal line.

*Medical Officer of Health and
Borough School Medical Officer.*

HEALTH AND WELFARE COMMITTEE :

(as on the 31st December, 1969)

COUNCILLOR MRS. W. M. FRAMPTON (*Chairman*)

COUNCILLOR A. E. DUNNING (*Vice-Chairman*)

COUNCILLOR F. J. CHAPMAN
(*Mayor*)

ALDERMAN MRS. H. M. PERYER

COUNCILLOR R. P. COOK

COUNCILLOR S. C. ELLIOTT

COUNCILLOR J. C. HEAL

COUNCILLOR H. E. NELSON

COUNCILLOR P. F. SEARLE

COUNCILLOR M. G. SPOFFORTH

COUNCILLOR A. H. WATERS

COUNCILLOR H. E. WESTON

WORTHING COMMITTEE FOR EDUCATION

(as on the 31st December, 1969)

COUNCILLOR S. C. ELLIOTT (*Chairman*)

ALDERMAN F. KENTON (*Vice-Chairman*)

COUNCILLOR F. J. CHAPMAN
(*Mayor*)

ALDERMAN R. EDWARDS

ALDERMAN S. M. KNIGHT, J.P.

ALDERMAN MRS. H. M. PERYER

COUNCILLOR R. P. COOK

COUNCILLOR MRS. W. M. FRAMPTON

COUNCILLOR H. E. WESTON

COUNCILLOR J. L. JEFFREE,
C.ENG., M.I.C.E.

COUNCILLOR P. H. LUMLEY

COUNCILLOR MRS. C. G. SCOTT

COUNCILLOR B. R. W. SWINFEN

COUNCILLOR P. H. THOMAS

COUNCILLOR E. L. WALTER

West Sussex County Council Members:

COUNTY ALDERMAN MAJOR S. R. BROOKS

COUNTY ALDERMAN C. P. MASON, M.B.E.

COUNTY ALDERMAN R. MARTIN

COUNTY COUNCILLOR A. G. W. PENNEY

Co-opted: MISS K. E. FOSTER, MR. B. H. SHARP, MRS. J. L. WYATT

SCHOOL HEALTH SERVICE SUB-COMMITTEE

(as on the 31st December, 1969)

ALDERMAN F. KENTON (*Chairman*)

ALDERMAN R. EDWARDS

ALDERMAN S. M. KNIGHT, J.P.

ALDERMAN MRS. H. M. PERYER

COUNCILLOR S. C. ELLIOTT

COUNCILLOR MRS. W. M. FRAMPTON

COUNCILLOR P. H. THOMAS

STAFF :

(at 31st December, 1969)

Medical Officer of Health and Borough School Medical Officer

J. A. G. GRAHAM, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health and Deputy Borough School Medical Officer

J. C. AITKEN, M.B., CH.B., D.P.H.

Departmental Medical Officer and School Medical Officer

A. LOWRY, M.R.C.S., L.R.C.P., D.C.H.

Chief Public Health Inspector

J. R. DAVENPORT, M.A.P.H.I.

Deputy Chief Public Health Inspector

M. BLAKE, M.A.P.H.I.

District Public Health Inspectors

L. A. BIGGS, M.A.P.H.I.

D. L. OAKES, M.A.P.H.I.

P. E. CHATTELLE, M.A.P.H.I.

M. P. WAITT, M.A.P.H.I.

J. E. FANNON, M.A.P.H.I.

Vacancy

Area Dental Officer

D. E. GIBBONS, B.D.S., L.D.S., D.D.P.H., R.C.S.(ENG.)

Consultant Physician in Geriatric Medicine

*R. B. FRANKS, M.B., M.R.C.P.

Consultant Ophthalmologist

*A. LYTTON, F.R.C.S., D.O.

Consultant Psychiatrist

*M. ALDRIDGE, B.A., M.B., CH.B., D.P.M.

Area Nursing Officer and Superintendent Health Visitor

MISS M. NASH, S.R.N., S.C.M., H.V.CERT., DIP.SOC.SCIENCE

Health Education Organiser

MISS V. K. JONES, S.R.N., SISTER TUTOR'S CERT.

Health Visitors (11 F/T; 2 P/T)

Domiciliary Midwives (4)

Domiciliary Nurses (24)

Nursing Auxiliaries (10)

Home Help Organiser

MRS. J. A. KENTON

Assistant Home Help Organisers

MRS. J. PARSONS

*MRS. K. DA COSTA

Home Helps (82 Regular Part-time)

Medical Social Worker

MISS E. Y. JONES, B.A., A.I.M.S.W.

Senior Mental Welfare Officer

L. O'RIORDAN, S.R.N., R.M.N., M.S.M.W.O.

Handicapped Services Officers

MRS. J. A. BOULD, M.A.O.T.

MRS. C. EMERY

Mental Welfare Officers

D. H. HARNOTT, R.M.N.

MISS J. P. NEWMAN, M.A.O.T.

Senior Chiropodists

E. JONES, S.R.N., M.C.S.P., S.R.CH., M.CH.S.

J. ALEXANDER, M.CH.S., S.R.CH.

E. ATHERTON, M.CH.S., S.R.CH.

Orthoptist

*MISS H. WISE, D.B.O.

Physiotherapist

*MRS. P. MARKWICK, M.C.S.P.

Speech Therapist

MRS. C. A. CHALMERS, L.C.S.T.

Chief Clerk

T. L. CANTON

(Clerks 12 F/T; 4 P/T)

Other Staff

Chiropody Clinic Assistants (2)

Dental Surgery Assistant (1)

*Dental Receptionist/Clerk (1)

Social Centre Hostess (1)

*Social Centre Canteen Assistant (1)

Rodent Operators (2)

Student Public Health Inspectors (3)

General Assistant (1)

Mortuary Attendant (1)

*Part-time

Part I.

STATISTICS INFECTIOUS DISEASE AND METEOROLOGY

GENERAL STATISTICS

Area of Municipal Borough, including foreshore	8512.742 acres
Population (Census 1921)	31,520
Population (Census 1931)	46,230
Population (Census 1951)	69,431
Population (Census 1961)	80,329
Population (Census 1966—10% sample)	approx. 83,900
Registrar-General's Estimate of Resident Population (1969)	83,100
Number of inhabited Houses (1921)	7,013
Number of inhabited Houses (1969)	35,050
Rateable Value (1969)	£5,761,947
Estimated sum represented by a penny rate (1969-70) ..	£23,000

Population

The Registrar-General's estimate of the mid year population in 1969 (83,100) has been used throughout this report to calculate rates. The corresponding figure for 1968 was 83,080.

VITAL STATISTICS

Vital statistics for 1969 relating to mothers and infants are set out below in the form and detail requested by the Department of Health and Social Security.

Live Births:

Number	865	(889)
Rate per 1,000 population (adjusted)	16.8	(17.3)
<i>Illegitimate Live Births</i> (per cent. of total live births) ..	9.5	(10.8)

Stillbirths:

Number	13	(14)
Rate per 1,000 total live and stillbirths	14.8	(15.5)
<i>Total Live and Stillbirths</i>	878	(903)
<i>Infant deaths</i> (deaths under 1 year)	14	(10)

Infant mortality rates:

Total infant deaths per 1,000 total live births	16.2	(11.2)
Legitimate infant deaths per 1,000 legitimate live births	16.6	(8.8)
Illegitimate infant deaths per 1,000 illegitimate live births	12.2	(31.3)

Neo-natal mortality rate:

(Deaths under four weeks per 1,000 total live births) ..	10.4	(6.7)
--	------	-------

Early Neo-natal mortality rate:

Number	865	(889)
(Deaths under one week per 1,000 total live births) ..	9.2	(4.5)

Peri-natal mortality rate:

(Stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	23.7	(19.9)
---	------	--------

Maternal mortality (including abortions)

Number of deaths	—	(—)
Rate per 1,000 total live and stillbirths	0.0	(0.0)

(The figures in brackets relate to 1968)

BIRTHS

Live births to Worthing mothers in 1969 numbered 865 (460 boys and 405 girls). These figures refer to occurrences during the year and not to the number of registrations or notifications (see page 36).

There were 24 fewer live births than in the previous year. The crude live birth rate per 1,000 of the population was 10.4, which after multiplication by the Registrar-General's comparability factor of 1.62 gives an adjusted live birth rate of 16.8. This compares with 17.3 in Worthing in 1968 and with the national figure of 16.3 for 1969.

The table below shows the number of live births in Worthing during the past 10 years and compares the adjusted live birth rates with the national figures:—

Year	Live Births	Live Birth Rate* (adjusted)	Live Birth Rate* (England and Wales)
1960	775	11.6	17.2
1961	783	10.9	17.6
1962	826	11.5	18.0
1963	856	16.3	18.2
1964	921	17.3	18.5
1965	933	17.4	18.1
1966	918	17.2	17.7
1967	930	17.5	17.2
1968	889	17.3	16.9
1969	865	16.8	16.3

* per 1,000 population

Illegitimate births

There were 82 illegitimate live births in 1969 (49 boys and 33 girls). This was 9.5% of the total live births, a decrease of 1.3% over the previous year. It will be noted that Worthing (as with most urban areas) consistently records higher percentages than those of the county and of the country as a whole.

Year	Illegitimate Live Births	% of Total Live Births	Corresponding % for W. Sussex	Corresponding % for England and Wales
1960	34	4.4	4.0	5.4
1961	48	6.1	5.0	5.9
1962	58	7.0	5.6	6.6
1963	56	6.6	5.8	6.9
1964	67	7.3	6.3	7.2
1965	81	8.7	6.8	7.7
1966	79	8.6	7.1	7.9
1967	98	10.5	7.9	8.4
1968	96	10.8	7.5	8.5
1969	82	9.5	7.5	8.0

DEATHS

Registered deaths of Worthing residents again topped the 2,000 mark in 1969. After allowing for inward transfers (326 deaths of residents outside the Borough) and outward transfers (287 deaths of non-residents in the Borough), Worthing's final allocation by the Registrar-General was 2,055 (858 males and 1,197 females). This was 51 less than in the previous year and gave the town a crude death rate of 24.7 per 1,000 of the population. After multiplying this by the comparability factor of 0.43 the adjusted death rate becomes 10.6, and this figure can be compared with the national and other local rates. The table below shows the total number of deaths from all causes in the past 10 years and compares the adjusted death rates with those for England and Wales.

Year	Deaths (all causes)	Death Rate* (adjusted)	Death Rate* (England and Wales)
1960	1,640	13.2	11.5
1961	1,751	14.3	11.9
1962	1,807	14.7	11.9
1963	1,934	11.4	12.2
1964	1,772	10.3	11.3
1965	1,895	10.3	11.5
1966	1,885	10.0	11.7
1967	1,969	10.6	11.2
1968	2,106	10.9	11.9
1969	2,055	10.6	11.9

* per 1,000 population

Deaths by age group:

1,313 or 63.9% of all deaths were in the age group 75 years and over, compared with 62.6% in 1968. In an ageing population this figure will of course tend to rise every year. The following table analyses the deaths further into age groups by sex:—

Age group	Deaths from all causes		
	Male	Female	Total
Under 4 weeks	4	5	9
4 weeks and under 1 year	4	1	5
1-4 years	1	2	3
5-14 years	2	1	3
15-24 years	4	1	5
25-34 years	3	1	4
35-44 years	5	5	10
45-54 years	35	19	54
55-64 years	105	65	170
65-74 years	241	238	479
75 years and over	454	859	1,313
Total: all ages	858	1,197	2,055

Causes of death :

The details set out below are taken from figures issued by the General Register Office:—

Cause of death	Males	Females	Total
Tuberculosis of Respiratory System	2	—	2
Other Tuberculosis, Incl. Late Effects	1	2	3
Other Infective and Parasitic Diseases	3	—	3
Malignant Neoplasm, Buccal Cavity, Etc.	—	2	2
Malignant Neoplasm, Oesophagus	7	7	14
Malignant Neoplasm, Stomach	12	13	25
Malignant Neoplasm, Intestine	18	42	60
Malignant Neoplasm, Larynx	3	—	3
Malignant Neoplasm, Lung, Bronchus	67	31	98
Malignant Neoplasm, Breast	1	27	28
Malignant Neoplasm, Uterus	—	10	10
Malignant Neoplasm, Prostate	21	—	21
Leukaemia	6	3	9
Other Malignant Neoplasms	41	69	110
Benign and Unspecified Neoplasms	2	2	4
Diabetes Mellitus	2	7	9
Other Endocrine, Etc., Diseases	1	2	3
Anaemias	—	6	6
Mental Disorders	2	—	2
Other Diseases of Nervous System, Etc.	10	4	14
Chronic Rheumatic Heart Disease	1	6	7
Hypertensive Disease	5	6	11
Ischaemic Heart Disease	288	348	636
Other Forms of Heart Disease	32	86	118
Cerebrovascular Disease	129	302	431
Other Diseases of Circulatory System	41	58	99
Influenza	3	1	4
Pneumonia	46	61	107
Bronchitis and Emphysema	48	21	69
Asthma	3	3	6
Other Diseases of Respiratory System	9	7	16
Peptic Ulcer	8	4	12
Appendicitis	1	—	1
Intestinal Obstruction and Hernia	4	11	15
Cirrhosis of Liver	1	4	5
Other Diseases of Digestive System	3	6	9
Nephritis and Nephrosis	1	3	4
Hyperplasia of Prostate	14	—	14
Other Diseases, Genito-Urinary System	6	7	13
Diseases of Musculo-Skeletal System	—	1	1
Congenital Anomalies	3	3	6
Birth Injury, Difficult Labour, Etc.	—	2	2
Other Causes of Perinatal Mortality	1	1	2
Symptoms and Ill Defined Conditions	—	3	3
Motor Vehicle Accidents	1	4	5
All Other Accidents	7	11	18
Suicide and Self-Inflicted Injuries	2	7	9
All Other External Causes	2	4	6
TOTALS	858	1197	2055

Stillbirths and infant mortality:

There were 13 stillbirths in 1969 (one less than in 1968) and 14 infant deaths under one year (10 in 1968). Of the 14 infant deaths during 1969 five were on the first day of life and a further six within the next four weeks.

The cause of death was mainly a result of prematurity in five cases, and the babies died within hours. A further four had congenital abnormalities of the brain and heart, four died from pneumonia at one, two, five and six months and one from respiratory infection.

Figures for perinatal mortality, i.e. stillbirths, and deaths in the first week of life, give a better indication of the hazards of being born than do the simple infant mortality rates. The following table compares the Worthington figures with those for England and Wales in the past five years:—

Year	No. of stillbirths	No. of deaths in first week	Perinatal mortality rate*	Corresponding rate for England and Wales*
1965	13	5	19.0	26.9
1966	11	9	22.6	26.3
1967	18	6	27.4	25.4
1968	14	4	19.9	25.0
1969	13	8	23.7	23.0

* per 1,000 total live and stillbirths

Deaths from Heart Disease:

Disease of the heart was again the commonest of all causes of death. Of the 2,055 deaths it was the cause in 772 cases (male 326 and female 446). It represented 37.6 per cent. of the total deaths from all causes and was equivalent to a death rate of 9.3 per 1,000 of the population.

The table below shows the number of deaths from heart disease and the rates per 1,000 of the population in the past 5 years.

Year	Ischaemic heart disease			Hypertensive disease		Other heart disease		Total	Rate per 1,000 of the population
	M.	F.	Total	M.	F.	M.	F.	M. and F.	
1965	208	187	395	4	14	96	195	704	8.7
1966	198	180	378	4	7	102	201	692	8.5
1967	244	221	465	3	15	100	186	769	9.5
1968	272	310	582	5	15	48	115	765	9.2
1969	288	348	636	5	6	33	92	772	9.3

Ischaemic heart disease includes “coronary thrombosis,” “cardiac infarction,” “angina,” etc., and deaths from these causes continue to rise. For the second year running there were more deaths among women than men. This was, however, only true in the age group 75 years and over, and must therefore be mainly a reflection of the much larger numbers of females in the town who live to this age or more. At the 1966 sample census there were approximately 8,300 females in this age group, but only 3,400 males.

Deaths from cerebro-vascular disease and other diseases of the circulatory system:

Together such deaths numbered 530 (170 males and 360 females) and were second only to heart disease as the commonest cause. This is a rate of 6.4 per 1,000 of the population and constituted 25.8% of the total number of deaths in Worthing during the year.

431 of these 530 deaths were due to cerebro-vascular disease, and include all deaths from strokes caused by cerebral haemorrhage, cerebral thrombosis, etc.

Deaths from Cancer

Cancer was the third commonest cause of death in 1969. The total of 380 deaths (176 males and 204 females) was 15 more than in 1968, and formed 18.5% of deaths from all causes. The death rate per 1,000 of the population had increased slightly to 4.57, and was still almost double that for England and Wales (2.35). The age structure of Worthing's population accounts for this.

The table below shows the number of cancer deaths, the rates per 1,000 of the population and the percentage of total deaths in the past five years. The figures differ a little from similar tables in previous years as they now include deaths from leukaemia.

Year	Number of deaths	Rate per 1,000 of the population	% of total deaths
1965	352	4.30	18.6
1966	374	4.61	19.8
1967	390	4.80	19.6
1968	365	4.39	17.3
1969	380	4.57	18.5

The localisation of the disease was as follows:—

Localisation				No. of deaths		
				Male	Female	Total
Buccal Cavity	..	..	..	—	2	2
Oesophagus	..	..	..	7	7	14
Stomach	..	..	..	12	13	25
Intestine	..	..	..	18	42	60
Larynx	..	..	..	3	—	3
Lung, Bronchus	..	..	..	67	31	98
Breast	..	..	..	1	27	28
Uterus	..	..	..	—	10	10
Prostate	..	..	..	21	—	21
Leukaemia	..	..	..	6	3	9
Other	..	..	..	41	69	110
Total ..				176	204	380

Deaths from Diseases of the Respiratory System:

There were 202 deaths attributed to diseases in this group (109 male and 93 female), making them the fourth commonest cause of death with a rate of 2.4 per 1,000 of the population. This compares with 3.3 the previous year. The following table analyses in more detail the figures over the past five years:—

Year	Influenza	Pneumonia	Bronchitis and Emphysema	Other diseases of Respiratory System	Total	Rate per 1,000 of population
1965	2	125	55	27	209	2.6
1966	3	92	52	12	159	2.0
1967	1	85	67	13	166	2.0
1968	63	121	73	21	278	3.3
1969	4	107	69	22	202	2.4

INFECTIOUS DISEASE

The diseases requiring to be notified to the Medical Officer of Health are:—

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Food poisoning	Tuberculosis
Infective Jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Diseases notified during the year totalled 65, compared with 74 in 1968.

In 1969 no cases occurred in Worthing of Diphtheria, poliomyelitis or typhoid, and the only diseases other than measles which reached double figures were food poisoning, with 11 notifications, and infective jaundice with 13 notifications. The tables in the two following pages give further details.

Tuberculosis:

Formal notifications of new cases numbered eight, five more than in 1968. All were pulmonary.

Five deaths due to tuberculosis were assigned to Worthing residents by the Registrar-General—two pulmonary and three non-pulmonary (there were three the previous year).

During the year the number of patients on the Tuberculosis Register was increased from 33 to 36. The position is summarised in the following table:—

	Males		Females		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number of cases on register on 1.1.69 ..	19	—	13	1	33
New cases ..	3	—	5	—	8
Number of cases re-stored to register ..	—	—	—	—	—
Number of cases added other than by formal notification	6	—	4	—	10
Number of cases removed from register	10	—	5	—	15
Number of cases on register on 31.12.69	18	—	17	1	36

Further information about tuberculosis discovered by means of mass radiography is given on page 47, and details about B.C.G. vaccination on page 47.

NOTIFIED INFECTIOUS DISEASES—1969 (Corrected in Cases of Revised Diagnosis)

	Under 1 year	1	2	3	4	5-9	10-14	15-19	20-24	25-34	35-44	45-64	65 and over	Age un- known	Total
Scarlet Fever ..	—	—	—	1	—	4	—	—	—	—	—	—	—	—	5
Whooping Cough ..	—	—	2	1	—	1	1	1	—	—	—	1	—	—	7
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	2	3	2	2	1	3	1	1	3	—	—	—	—	—	18
Meningococcal Infection	—	—	—	—	—	—	—	1	—	—	—	1	—	—	2
Acute Poliomyelitis (Paralytic) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Food Poisoning ..	—	—	—	—	—	—	—	—	—	—	—	2	9	—	11
Tuberculosis ..	—	—	—	—	—	—	—	—	—	—	2	3	3	—	8
Infective Jaundice ..	—	—	—	1	—	3	3	2	1	2	—	—	1	—	13
Totals ..	2	3	4	5	1	11	5	5	4	2	3	7	13	—	65

NOTIFIED INFECTIOUS DISEASES—1955-1969

YEAR:—	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Scarlet Fever ..	21	23	16	17	45	50	7	3	5	9	6	29	42	3	5
Whooping Cough ..	42	30	230	24	76	89	27	—	19	22	15	8	8	30	7
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	555	12	203	418	1,087	12	392	12	930	35	759	386	360	27	18
Meningococcal Infection	1	—	—	—	—	—	—	—	1	—	—	3	—	3	2
Acute Poliomyelitis (Paralytic) ..	2	4	5	1	—	—	—	—	—	—	1	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	10	13	1	2	—	—	1	—	7	—	9	1	2	2	—
Typhoid Fever ..	—	—	—	—	—	1	—	—	—	2	—	1	—	—	—
Paratyphoid Fever ..	4	—	—	—	—	—	—	1	—	—	—	1	—	—	1
Food Poisoning ..	6	2	6	3	2	1	—	1	—	—	—	—	3	—	11
Malaria ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Tuberculosis ..	24	17	20	15	35	16	10	17	14	8	14	5	12	3	8
Infective Jaundice ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	13

Venereal Disease:

The number of cases reported in Worthing in 1969 increased by 84. I am indebted to Dr. D. R. Levinson, Consultant Venereologist, for the following statistics which relate to West Sussex patients seen at Worthing Hospital during the past five years.

Disease	Number of new cases in year				
	1965	1966	1967	1968	1969
Syphilis	9	4	3	3	3
Gonorrhoea	37	52	34	18	60
Other conditions	168	182	176	185	227
Total	214	238	213	206	290

The above figures include patients who live outside the Borough. Not included are others who are resident here but attended treatment centres elsewhere, e.g. in Brighton.

METEOROLOGY

The Meteorological Station is in Beach House Park which is 25 feet above Ordnance Datum. Here all the instruments, except the Fortin Standard Barometer and the Sunshine Recorder are kept. Observations are taken every day throughout the year at 9 a.m. and 6 p.m.

All instruments at the local Meteorological Observatory are examined and tested periodically by Officers of the Meteorological Office, Air Ministry, Bracknell, Berkshire.

A code report is sent by telephone each evening to the Meteorological Office, London, and the leading newspapers are supplied with reports from that Office.

Weekly reports are sent to the local newspapers, and a full report monthly to the Meteorological Office, Bracknell, for publication in their journals. Rainfall statistics are supplied to the British Rainfall Organisation.

The daily weather report of the Air Ministry, the previous day's sunshine card and a collection of charts and records are also exhibited in the windows of the Information Bureau at the Pier.

A statistical summary of Worthing's climate over the past 60 years can be found in Table I on page 23. From these figures emerge the following records:

Lowest temperature	13°F. in 1929
Highest temperature	90°F. in 1947
Lowest rainfall	13.26 inches in 1921
Highest rainfall	41.43 inches in 1960
Least sunshine	1,600.2 hrs. in 1913
Most sunshine	2,128.9 hrs. in 1949

WORTHING'S WEATHER, 1969

For the second year in succession sunshine was below average but the total of 1803.8 hours was the second largest since 1961. It was the best summer for sunshine for 10 years and the sunniest month was June with 286.4 hours, the best June total since 1957.

The year was drier than average and the rainfall total of 26.51 inches was the smallest for 7 years. The Autumn was particularly dry with only 6.55 inches rain being recorded from 1st September to 30th November. Of this total 6.39 inches fell in November the second wettest November since 1940. It was the driest October since records began in 1887 and the previous month with .10 in. equalled the September total of 1959 which was also the driest on record. The period June to October only measured 5.35 inches compared with the average of 11.06 inches and it was the driest Winter for five years.

The Winter was colder than average, but not unduly so, and snow was reported lying at the meteorological station on only six occasions. There were 65 ground frosts compared with 77 the previous year.

The Summer was the warmest for 10 years with an average maximum temperature of 69 degrees. Between June and August (92 days) temperature reached the "70s" on 41 days with a top temperature of 80 degrees on 11th July.

Summary of Observations :

Total amount of bright sunshine: 1803·8 hours.

Number of days with sunshine: 302.

Rainfall: 26·51 inches.

Number of rain days (0·1 inch or more): 137.

Number of wet days (·04 inch or more): 100.

Highest barometric reading: 30·665 inches on 27th October.

Lowest barometric reading: 28·765 inches on 9th November.

Warmest day: 11th July (80°).

Coldest night: 8th February (22°).

Coldest day: 15th February (33°).

Warmest night: 10th August (68°).

Warmest month (by day) July (average temperature 70·6°).

Coldest month (by night) February (average temperature 32·3°).

Mean temperature: 51·0°.

Mean relative humidity, at 10 a.m.: 83·0%.

Lowest temperature on the grass: 18° on 8th February.

Wettest day: 6th July (1·69 inches).

Sunniest day: 13th July (14·8 hours).

Number of days snow or sleet fell: 17.

Number of days hail fell: 5.

Number of days thunder heard: 12.

Number of ground frosts: 65

Number of days with gales: 8.

Number of days snow lying: 6.

Number of days with fog (9 a.m.): 3.

Bright Sunshine

The Campbell-Stokes Sunshine Recorder is fixed on a platform at the top of Christ Church tower, 111 feet above mean sea level and 84 feet above ground level.

The duration of bright sunshine for the year was 1803·8 hours, the sunniest year, but one, for eight years.

This amount is 40·3 per cent. of the time during which the sun was above the horizon, giving a daily mean of 4·97 hours. The average yearly sunshine for the previous 20 years was 1803·3 hours. During this period the year with the highest record was 1949, when 2,128·9 hours were recorded, whilst the year 1958 was the lowest with 1,601·5 hours. The sunniest day was 13th July when 14·8 hours were recorded.

June, with 296·4 hours, was the sunniest month and December with 29·7 hours, was the least sunny.

A sunless day is one on which less than six minutes of bright sunshine are recorded. Table II, III and IV on pages 24, 25 and 26 give further details.

Rainfall

This is measured by an official 5 inch Copper Rain Gauge (Met. Office pattern).

The rainfall for the year 1969 was 26.51 inches. This amount is 0.98 inch below the Normal and 2.20 inches below the previous 20 years' average.

The month of October was the driest with 0.06 inch, falling below the Normal amount by 2.89 inches. November was the wettest month with 6.39 inches, this amount being 2.95 inches above the Normal. The heaviest daily rainfall was 1.69 inches on 6th July. There were 137 days on which 0.01 inch or more rain fell, compared with 157 days which is the average number for the previous 20 years.

One inch of rainfall is equivalent to 100.925 tons per acre or 14.4686 millions of gallons per square mile.

SUMMER RAINFALL. Total for six months (1st April to 30th September) was 9.43 inches compared with an average summer rainfall for the previous 10 years of 12.98 inches.

WINTER RAINFALL. Total for six months (January to March and October to December) was 17.08 inches, compared with an average winter rainfall for the previous 10 years of 16.38 inches.

Tables V and VI on pages 27 and 28 give further information.

Barometric pressure

The mean barometric reading for the year was 29.980 inches (when reduced to sea level and to a temperature of 32° Fahr.), the average for the previous 10 years being 29.988 inches. The highest reading for the year was 30.665 inches on 27th October, and the lowest reading was 28.765 inches on 9th November. The absolute range for the year was 1.900 inches and the average range for the previous 10 years 1.852 inches.

One inch barometric pressure is equivalent to 70.727 lbs. per square foot.

Table VII on page 29 shows the monthly readings.

Temperature and Humidity

The shade thermometers, in a Stevenson screen, are:—self-recording maximum, self-recording minimum, dry bulb and wet bulb.

All thermometers are Fahrenheit and are verified at the National Physical Laboratory, Kew.

A self-recording minimum thermometer is used for registering the temperature on the grass.

Two earth thermometers are in use at various depths—1ft. and 4ft.

The mean temperature for the year was 51.0° Fahr. which represents the Normal. The highest shade temperature for 1969 was 80° recorded on

11th July, and the lowest 22° on 8th February. The extreme range of temperature was 58° compared with an average of 57° for the previous 10 years. The temperature on the grass fell below 32° on 65 nights. The lowest temperature on the grass was 18° during the night of February 8th.

Humidity

The mean relative humidity of the atmosphere (percentage of saturation of the air) at 9 a.m. was 83.0% compared with the previous 10 years' average of 81%.

Table VIII on page 29 gives the monthly mean maximum and minimum temperature readings and Table IX on page 30 further details on cloud and relative humidity.

Wind

Percentages of direction of wind from 732 observations taken at 9 a.m. and 6 p.m. throughout the year: —

	9 a.m.	6 p.m.		9 a.m.	6 p.m.
	%	%		%	%
N.	15.3	12.6	S.	5.8	6.0
N.E.	22.3	16.0	S.W.	22.5	21.4
E.	3.0	4.6	W.	9.3	17.8
S.E.	8.8	9.6	N.W.	13.0	12.0
Calm	—	—			

Further details can be found in Table X on page 31.

Visibility

This is measured on an arbitrary scale which depends on ability to see a particular object from a fixed view point. For example, if maximum visibility from the office gate is the north west corner of the town hall (a distance of 110 yards), then “thick fog” is present, designated by the letter “C”. If on the other hand visibility from Christ Church Tower extends to Selsey Bill (18¼ miles), but not Beachy Head (27 miles) then it is said to be “very good” (L), but not “excellent” (M).

During 1969, fog was recorded on two occasions at 9 a.m. Excellent visibility was recorded on 42 occasions. The complete record is shown in Table XI on page 32 with a key to the table on page 33.

TABLE I—CLIMATE OF WORTHING—1910-1969

Year	Temperatures							Rainfall		Sunshine	Year
	Means					Extremes		Amount at Observ- atory	Number of days rain fell	Number of hours in year	
	9 a.m.	Min.	Max.	Range	Mean	Min.	Max.				
	Degrees							Inches			
1910 ..	50.8	44.5	55.9	11.4	50.1	21.9	73.8	32.57	191	1731.0	..1910
1911 ..	52.8	45.1	58.0	12.9	51.5	25.4	87.9	31.68	149	2115.0	..1911
1912 ..	51.6	45.0	56.6	11.6	50.8	19.0	84.2	35.95	192	1609.9	..1912
1913 ..	52.1	45.9	57.4	11.5	51.6	26.2	79.0	34.98	170	1600.2	..1913
1914 ..	52.7	45.2	57.9	12.7	51.5	23.2	78.2	31.31	164	2000.5	..1914
1915 ..	51.1	43.8	56.3	12.5	50.5	24.7	77.1	36.64	152	1801.3	..1915
1916 ..	51.2	44.7	56.3	11.6	50.5	25.0	77.0	32.89	182	1658.0	..1916
1917 ..	49.2	43.0	54.6	11.6	48.8	20.7	79.0	25.49	147	1804.7	..1917
1918 ..	51.0	44.7	56.5	11.8	50.6	20.0	78.0	24.41	165	1856.5	..1918
1919 ..	49.4	42.9	54.9	12.0	48.9	22.0	78.5	28.54	158	1788.5	..1919
1920 ..	51.7	45.6	56.6	11.0	51.1	23.0	76.0	26.40	139	1692.1	..1920
1921 ..	53.4	46.4	58.8	12.4	52.6	27.6	86.7	13.26	108	2101.5	..1921
1922 ..	50.1	43.9	54.8	10.9	49.3	25.2	78.2	25.71	159	1781.2	..1922
1923 ..	50.8	44.5	55.6	11.1	50.1	24.0	86.0	30.62	170	1805.9	..1923
1924 ..	50.8	45.4	55.3	9.9	50.3	25.0	74.6	32.65	159	1759.6	..1924
1925 ..	49.8	44.7	55.9	11.2	50.3	24.0	80.2	34.70	158	1955.8	..1925
1926 ..	51.6	45.7	56.7	11.0	51.2	21.8	83.3	28.57	160	1677.7	..1926
1927 ..	50.8	45.0	55.8	10.8	50.4	22.4	78.1	34.88	165	1731.4	..1927
1928 ..	51.9	45.1	57.0	11.9	51.0	21.6	82.0	32.84	161	1999.1	..1928
1929 ..	50.9	44.1	56.0	11.9	50.0	13.0	80.0	29.71	134	2062.5	..1929
1930 ..	52.0	46.9	56.4	9.5	51.3	26.0	82.6	28.31	169	1821.4	..1930
1931 ..	51.0	45.0	55.0	10.0	50.0	21.0	77.0	25.80	147	1610.5	..1931
1932 ..	50.5	45.1	55.8	10.7	50.5	23.0	80.0	23.91	148	1616.7	..1932
1933 ..	52.0	45.5	56.4	10.9	51.2	23.6	81.2	20.40	125	2102.6	..1933
1934 ..	52.1	45.6	57.5	11.9	51.8	24.0	82.0	27.49	139	1811.0	..1934
1935 ..	51.8	46.1	56.6	10.5	51.3	25.6	83.8	37.74	173	1805.2	..1935
1936 ..	51.3	45.4	55.9	10.5	50.7	27.1	81.3	27.42	169	1675.0	..1936
1937 ..	51.5	46.3	57.2	10.9	51.8	26.0	76.8	31.59	162	1668.3	..1937
1938 ..	52.7	46.1	57.1	11.0	51.6	19.5	82.5	22.95	156	1796.4	..1938
1939 ..	51.8	45.8	56.5	10.7	51.2	20.0	81.5	34.42	171	1809.7	..1939
1940 ..	50.0	45.0	56.0	11.0	50.5	16.0	80.0	30.13	148	1976.8	..1940
1941 ..	50.3	44.0	56.0	12.0	50.0	22.0	83.0	25.83	139	1791.7	..1941
1942 ..	50.0	44.8	55.3	10.5	50.5	19.0	83.0	24.62	129	1711.6	..1942
1943 ..	52.0	46.0	58.0	12.0	52.0	28.0	80.0	23.68	145	1864.8	..1943
1944 ..	51.3	45.4	56.2	10.8	50.8	26.0	81.0	22.14	136	1765.5	..1944
1945 ..	52.5	46.5	57.2	10.7	51.2	19.0	80.0	22.98	138	1783.9	..1945
1946 ..	51.6	45.5	55.7	10.2	50.6	23.0	76.0	30.96	170	1790.7	..1946
1947 ..	51.3	45.7	56.1	10.4	50.9	15.0	90.0	24.31	139	1896.8	..1947
1948 ..	52.6	46.6	57.6	11.0	52.1	17.0	88.0	25.23	154	1916.9	..1948
1949 ..	53.3	47.2	58.4	11.2	52.8	29.0	81.0	23.90	120	2128.9	..1949
1950 ..	52.1	46.1	56.7	10.6	51.4	24.0	81.0	26.95	157	1805.4	..1950
1951 ..	51.9	46.0	56.3	10.3	51.2	22.0	76.0	37.98	184	1838.4	..1951
1952 ..	50.7	45.0	56.0	11.0	50.2	23.0	82.0	28.54	175	1917.0	..1952
1953 ..	51.9	46.2	57.1	10.9	51.7	25.0	80.0	24.33	125	1885.1	..1953
1954 ..	51.0	45.3	56.0	10.7	50.7	18.0	75.0	30.28	188	1687.3	..1954
1955 ..	51.0	44.8	56.4	11.6	50.6	25.0	84.0	24.75	140	1936.4	..1955
1956 ..	49.9	44.2	55.0	10.8	49.6	16.0	77.0	24.08	148	1726.7	..1956
1957 ..	52.2	46.8	57.1	10.3	51.9	30.0	82.0	25.30	162	1836.4	..1957
1958 ..	50.8	45.9	55.5	9.6	50.7	23.0	77.0	34.36	169	1601.5	..1958
1959 ..	53.1	47.1	58.7	11.6	52.9	26.0	82.0	23.47	128	2123.9	..1959
1960 ..	51.4	46.5	56.4	9.9	51.5	21.0	80.0	41.43	196	1617.9	..1960
1961 ..	52.6	46.7	57.5	10.8	52.1	25.0	79.0	27.29	152	1875.8	..1961
1962 ..	49.7	43.8	54.7	10.9	49.2	18.0	73.0	25.86	143	1794.4	..1962
1963 ..	49.0	44.1	53.5	9.4	48.8	18.0	80.0	26.93	165	1643.9	..1963
1964 ..	50.9	45.5	55.9	10.4	50.7	23.0	78.0	26.55	148	1743.0	..1964
1965 ..	50.0	44.5	55.1	10.6	49.8	22.0	73.0	30.74	159	1705.7	..1965
1966 ..	51.8	46.0	56.4	10.4	51.2	22.0	81.0	31.23	178	1652.6	..1966
1967 ..	51.0	46.0	56.5	10.5	51.2	17.0	79.0	29.16	150	1900.4	..1967
1968 ..	50.8	45.6	55.3	9.7	50.5	24.0	82.0	30.98	135	1643.5	..1968
1969 ..	51.1	45.4	56.5	11.1	50.9	22.0	80.0	26.51	137	1803.8	..1969

TABLE II—**BRIGHT SUNSHINE—1969** (Mainland Stations)

The official sunshine return of the Meteorological Office, Air Ministry, containing a list of 372 sunshine stations in the United Kingdom was received on the 7th May.

The year was Worthing's second sunniest since 1961, 1803·8 sun hours being recorded compared with the average of 1821 hours. There have been only two larger sun totals in the last 10 years (1967, 1900·4 hours, and 1961, 1875·8 hours).

The following mainland stations in ranking order have been extracted from the return which shows that Worthing held fifth position on the mainland.

<i>Position</i>	<i>Station</i>					<i>Sunshine (Hours)</i>
1	Swanage	..	..	..	..	1885·1
2	Eastbourne	..	..	..	..	1873·4
3	Bognor Regis	..	..	..	..	1847·9
4	Torquay	..	..	..	..	1814·4
5	WORTHING	..	..	..	..	1803·8
6	Weymouth	..	..	..	..	1793·3
7	Bournemouth	..	..	..	..	1789·4
8	Folkestone	..	..	..	..	1788·3
9	Littlehampton	..	..	..	..	1780·5
10	Dale Fort	..	..	..	..	1773·1
11	Everton (Efford)	..	..	..	..	1756·9
12	Lizard ..	..	..	..	..	1754·0
13	Teignmouth	..	..	..	..	1735·8
14	Exmouth	..	..	..	..	1729·6
15	Penzance	..	..	..	..	1726·6
16	Brighton	..	..	..	..	1712·9
17	Portland Bill	..	..	..	..	1706·7
18	Southsea	..	..	..	..	1705·7
19	East Hoathly	..	..	..	..	1705·2
20	Walton-on-Naze	..	..	..	..	1700·2
21	Newton Abbott	..	..	..	..	1697·6
22	Southampton	..	..	..	..	1692·8
23	Falmouth	..	..	..	..	1692·7
24	Poole ..	..	..	..	..	1690·6
25	Rustington	..	..	..	..	1685·2
26	Thorney Island	..	..	..	..	1684·5
27	Bexhill	..	..	..	..	1677·3
28	Starcross	..	..	..	..	1669·6
29	Camborne	..	..	..	..	1663·7
30	Plymouth	..	..	..	..	1658·5
31	Bude ..	..	..	..	..	1652·9
32	Hastings	..	..	..	..	1648·9
33	Gulval ..	..	..	..	..	1647·8
34	Hartland Point	..	..	..	..	1644·1
35	Clacton-on-Sea	..	..	..	..	1641·7
36	Whitstable	..	..	..	..	1636·9
37	Newquay	..	..	..	..	1625·9
38	Newport	..	..	..	..	1623·5
39	Culdrose	..	..	..	..	1622·3
40	Hurn ..	..	..	..	..	1620·6

TABLE III—BRIGHT SUNSHINE

Month	Total Hours Bright Sunshine	Average for 30 years 1931-1960	Hours Daily Mean	Percentage of average %	Days with Sunshine	Most in one day Hours	Monthly Total			
							Highest		Lowest	
							Hours	Year	Hours	Year
January ..	46.1	71	1.49	65	20	5.2	109.9	1940	34.5	1912
February ..	93.9	83	3.38	114	20	8.9	140.3	1949	29.8	1947
March ..	80.9	141	2.60	57	22	10.7	220.8	1907	77.9	1964
April ..	213.4	187	7.11	114	29	13.7	267.2	1912	105.3	1905
May ..	197.0	230	6.35	85	29	13.8	353.1	1909	148.9	1932
June ..	296.4	243	9.88	122	28	14.7	327.1	1957	143.5	1909
July ..	257.7	224	8.31	115	30	14.8	369.0	1911	133.8	1944
August ..	201.0	218	6.48	92	31	13.1	298.4	1899	112.6	1912
September ..	146.4	166	4.88	88	29	11.5	262.6	1898	97.1	1945
October ..	148.2	124	4.80	120	28	9.2	182.9	1965	81.9	1915
November ..	93.1	73	3.10	128	23	8.3	131.3	1909	39.6	1962
December ..	29.7	61	0.93	48	13	6.2	113.8	1962	22.3	1956
Year 1969 ..	1803.8	1821	4.97	99	302	14.8	369.0	July 1911	22.3	Dec. 1956
Highest and Lowest Year Totals							2141.0	1899	1600.2	1913

TABLE IV—BRIGHT SUNSHINE

Year	Campbell-Stokes Recorder Bright Sunshine Hours	Bright Sunshine Days	Sunniest Days	
			Day	Hours
1949	2128.9	317	July 10th	14.8
1950	1805.4	312	June 16th	15.1
1951	1838.4	297	June 19th	15.1
1952	1917.0	317	June 30th	15.1
1953	1885.1	302	July 24th	14.3
1954	1687.3	301	June 20th	14.4
1955	1936.4	305	May 30, June 1	14.9
1956	1726.7	311	July 25th	14.9
1957	1836.4	307	June 13th	15.5
1958	1601.5	306	May 28, June 14	14.9
1959	2123.9	320	June 17th	15.3
1960	1617.9	298	June 20th	15.1
1961	1875.8	311	June 29th	15.0
1962	1794.4	306	June 7th	15.3
1963	1643.9	286	June 6th	15.2
1964	1743.0	284	July 13th	15.0
1965	1705.7	310	June 28th	14.7
1966	1652.6	296	May 30th	14.9
1967	1900.4	315	July 11th	15.1
1968	1643.5	286	June 12th	15.4
1969	1803.8	302	July 13th	14.8
Average for 20 years 1949—1968	1803.2	304		

TABLE V—RAINFALL

1969		Total Rain-fall	Difference from the Normal	Greatest Fall in 24 hours beginning 10 a.m.	Number of Days with .01 in. or more .04 in. or more		Total Rain Days
January	..	ins. 3.10	ins. +0.16	ins. 0.44	19	16	19
February	..	1.78	—0.22	0.60	11	9	11
March	..	2.66	+0.94	0.64	12	8	12
April	.. ..	1.34	—0.44	0.43	6	5	6
May	.. ..	2.80	+1.15	0.70	20	17	20
June	.. ..	0.77	—0.76	0.22	9	5	9
July	.. ..	1.95	—0.19	1.69	5	3	5
August	..	2.47	+0.19	0.87	11	8	11
September	..	0.10	—2.06	0.06	3	1	3
October	..	0.06	—2.89	0.04	3	1	3
November	..	6.39	+2.95	1.64	20	16	20
December	..	3.09	+0.19	0.52	18	11	18
Year	.. ..	26.51	—0.98	1.69	137	100	137

TABLE VI—RAINFALL

Year	Rainfall in inches	No. of Days Rain fell (0.01 inch or more)	Greatest Fall in a Day	
			Amount in inches	Day and Month
1949	23.90	120	1.34	20th October
1950	26.95	157	0.89	20th November
1951	37.98	184	1.40	11th June
1952	28.54	175	1.29	30th September
1953	24.33	125	1.22	12th October
1954	30.28	188	1.81	25th July
1955	24.75	140	1.40	22nd September
1956	24.08	148	0.97	4th September
1957	25.30	162	1.27	3rd November
1958	34.36	169	1.62	28th January
1959	23.47	128	0.83	6th December
1960	41.43	196	1.74	10th August
1961	27.29	152	1.77	29th January
1962	25.86	143	1.12	20th July
1963	26.95	165	1.04	15th November
1964	26.55	148	1.67	31st May
1965	30.74	159	1.44	2nd August
1966	31.23	178	1.38	6th August
1967	29.16	150	1.32	3rd November
1968	30.98	149	2.35	9th July
Average for 20 years 1949-1968	28.71	157	2.35	9th July
1969	26.51	137	16.9	6th July

TABLE VII—BAROMETRIC PRESSURE

1969	Barometric pressure (Reduced to sea level and 32° Fahr.)		
	Mean (inches)	Extremes	
		Highest	Lowest
January	29·863	30·549	28·785
February	29·829	30·507	29·122
March	30·119	30·363	29·139
April	29·938	30·473	29·053
May	29·990	30·260	29·576
June	30·009	30·348	29·602
July	30·119	30·466	29·759
August	29·990	30·306	29·782
September	30·181	30·365	29·650
October	30·021	30·665	29·764
November	29·775	30·368	28·765
December	29·955	30·429	29·168
Year 1969	29·980	30·665	28·765

TABLE VIII—TEMPERATURE

1969	Air temperature in screen (F)					
	Means of		Mean of A & B	Difference from normal	Extremes	
	A Max.	B Min.			Max.	Min.
	(°)	(°)	(°)	(°)	(°)	(°)
January	47·6	39·8	43·7	+2·8	52	30
February	41·8	32·3	37·0	—3·9	51	22
March	45·7	36·2	41·0	—2·8	52	28
April	53·6	40·9	47·0	—1·5	64	33
May	59·9	48·3	54·1	+0·6	68	40
June	65·9	52·5	59·2	+0·1	76	43
July	70·6	54·5	62·5	0·0	80	48
August	69·6	57·6	63·6	+1·0	78	51
September	66·5	55·2	60·9	+1·5	70	45
October	63·0	52·1	57·6	+4·7	69	39
November	50·3	40·2	45·3	—0·9	63	26
December	43·8	35·7	39·7	—2·1	53	26
Year 1969	56·5	45·5	51·0	0·0	80	22

TABLE IX—CLOUD AND HUMIDITY

Month.	Cloud Amount Scale 1-8		Mean Relative Humidity	Mean Humidity previous 10 years 1959-1968
	10 a.m.	6 p.m.	10 a.m.	10 a.m.
January	4	4	% 90	% 87
February	5	6	89	86
March	6	6	84	82
April	4	5	77	78
May	6	6	83	72
June	4	4	73	74
July	5	5	76	75
August	5	5	78	77
September	5	5	83	82
October	5	5	87	83
November	5	5	85	85
December	7	7	87	88
Year 1969 ..	5	5	83	Yearly average 81

TABLE X—WINDS

Month.	10 a.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	1	2	—	6	5	11	2	4	—
February	7	4	1	1	2	10	—	3	—
March	3	19	—	2	—	4	1	2	—
April	1	10	—	1	5	6	3	4	—
May	1	2	2	5	2	11	5	3	—
June	4	10	—	2	—	8	1	5	—
July	7	4	1	7	2	6	2	2	—
August	9	7	2	—	2	3	2	6	—
September	4	13	1	3	—	4	4	1	—
October	6	3	3	4	2	5	4	4	—
November	7	1	1	—	—	7	8	6	—
December	6	7	—	1	1	7	2	7	—
Year 1969	56	82	11	32	21	82	34	47	—

Month.	6 p.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	1	—	—	2	6	10	8	4	—
February	6	6	2	2	2	4	1	5	—
March	1	15	3	4	1	4	2	1	—
April	—	6	—	2	3	7	9	3	—
May	1	2	6	2	3	11	5	1	—
June	3	8	—	3	—	8	6	2	—
July	2	2	1	6	1	8	4	7	—
August	8	2	2	4	—	5	6	4	—
September	4	7	1	5	1	7	4	1	—
October	5	3	2	3	3	5	6	4	—
November	6	1	—	1	—	5	12	5	—
December	9	7	—	1	1	4	2	7	—
Year 1969	46	59	17	35	21	78	65	44	—

KEY TO TABLE XI—VISIBILITY

Letter	Standard Distance	Actual Distance	Description of visibility	Object	View Point	Bearings
A	22 yards	21 yards	Dense Fog	Chestnut tree on opposite side of road	Office Door	S.E.
B	44 yards	45 yards	Thick Fog	Chestnut tree outside entrance to "Ryecroft"	Office Gate	E.
C	110 yards	110 yards	Thick Fog	N.W. corner of Town Hall	Office Gate	E.
D	220 yards	220 yards	Fog	Christ Church Tower	Office Window	S.
E	440 yards	430 yards	Moderate Fog	Holy Trinity Church Spire	Christ Church Tower	S.W.
F	1100 yards	1100 yards	Very Poor	Heene Church Tower	" "	W.
G	1 ¼ miles	1 ¼ miles	Poor	Tarring Church Tower	" "	N.W.
H	2 ½ miles	2 ¾ miles	Moderate	Top of High Salvington Hill	" "	N.W.
I	4 ⅓ miles	4 ¼ miles	Moderate	Highdown Hill	" "	W.N.W.
J	6 ¼ miles	6 ⅝ miles	Good	Portslade Gas Works Chimney	" "	E.
K	12 ½ miles	12 ½ miles	Very Good	Hills beyond Brighton	" "	E.
L	18 ⅔ miles	18 ¼ miles	Very Good	Selsey Bill	" "	W.S.W.
M	25 miles	27 miles	Excellent	Beachy Head	" "	E.S.E.



Part II.

PERSONAL HEALTH SERVICES

DELEGATED HEALTH AND WELFARE SERVICES

Under the Local Government Act, 1958, some of the Health and Welfare functions of County Councils can be delegated to certain District Councils. This has applied in Worthing since 1st April, 1961, when West Sussex County Council delegated to the Borough Council their duties in respect of the following:—

(a) National Health Service Act, 1946.

Section 21—Health Centres.

22—Care of Mothers and Young Children.

23—Midwifery.

24—Health Visiting.

25—Home Nursing.

26—Vaccination and Immunisation.

28—Prevention of Illness, Care and After-Care.

29—Domestic Help.

(b) Mental Health Act, 1959—

Care and After-care of persons suffering from mental disorder, except for those in residential accommodation.

(c) National Assistance Act, 1948—

Section 29—Welfare arrangements for blind, deaf, dumb and crippled persons, etc.

30—Voluntary Organisations for disabled persons' welfare.

(d) Disabled Persons (Employment) Act, 1958—

Section 3—Provision of sheltered employment by local authorities.

(e) Nurseries and Child-Minders Regulation Act, 1948.

Registration and supervision.

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births:

Under section 203 of the Public Health Act, 1936, all births have to be notified within 36 hours to the Medical Officer of Health of the Health Authority in whose area the birth takes place. If a delegation scheme is in operation, Section I(1) of the Public Health (Notification of Births) Act, 1965, requires that notifications of births should be sent to the Medical Officer of the delegatee authority instead of the County Medical Officer. Births are usually notified by the attending midwife. Notification is in addition to registration, normally the duty of the father, and for which 42 days are allowed. A Health Authority is thus able to keep up-to-date records of all new births and provide a home visiting service to the mothers.

In 1969 there were 865 notified live births to mothers whose homes were in Worthing, though only 330 of these were actually delivered in the town. 865 is also the same as the total number of registered live births during the year.

Child Health Centres:

There are six Child Health Centres in the Borough situated as follows:—

- (1) The Central Clinic, Stoke Abbott Road—Monday afternoons.
- (2) Church Hall, New Road, Durrington—First, second, third and fourth Thursday afternoons in each month.
- (3) St. Mary's Hall, Ilex Way, Goring—Second and fourth Thursday afternoons in each month.
- (4) St. Richard's Hall, Collingwood Road, Maybridge—First Thursday afternoon in each month.
- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.
- (6) St. Stephen's Hall, Angola Road, East Worthing—First and third Friday afternoons in each month.

1,340 infants and children made a total of 6,546 attendances at all centres during the year. The number of infants who first attended whilst they were under one year of age was 479, equivalent to 55.4 per cent. of the notified live births.

The table below gives further details of attendances at the 6 child health clinics during the year:—

Clinic	No. of clinics held	No. of children who attended centres	Total No. of attendances made	Average attendance per clinic
Central	49 (50)	419 (477)	2,199 (2,612)	44.9 (52.2)
Durrington ..	47 (51)	361 (425)	2,122 (2,092)	45.2 (41.0)
Goring	23 (24)	166 (175)	664 (802)	28.9 (33.4)
Maybridge ..	17 (23)	154 (190)	475 (731)	28.0 (31.8)
Findon Valley ..	12 (12)	81 (88)	305 (298)	29.1 (24.8)
East Worthing ..	23 (24)	159 (211)	736 (891)	32.0 (37.1)
Totals	171 (184)	1,340 (1,566)	6,546 (7,426)	38.3 (40.4)

(the figures in brackets refer to 1968)

Toddler Clinics:

Clinic attendances usually become less frequent as a baby gets older and grows into a toddler. Not uncommonly all clinic contacts cease by the age of one, and the opportunity for a medical review may not occur until the first school medical examination four or more years later.

Toddler Clinics have helped to bridge this gap. Attendance is by invitation only, with not more than four per hour or eight per session, and invitations go to all mothers with children between the ages of 18 months and two years.

Toddler clinics are held as follows:—

- (1) The Central Clinic, Stoke Abbott Road—First and third Tuesday afternoons in each month.
- (2) Church Hall, New Road, Durrington—First Thursday afternoon in each month.
- (3) St. Mary's Hall, Ilex Way, Goring—Second Thursday afternoon in each month.
- (4) St. Richard's Hall, Collingwood Road, Maybridge—First Thursday afternoon in each month.
- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.
- (6) St. Stephen's Hall, Angola Road, East Worthing—First Friday afternoon in each month.

During the year 67 sessions were held and attendances totalled 136 (2.0 per session). There were 154 attendances in 1968.

In addition 368 toddlers were seen and examined during the year at clinics held by general practitioners, compared with 400 in 1968.

Congenital Abnormalities:

For the past six years congenital abnormalities apparent at birth have been recorded on the birth notification forms. 23 babies (16 male and 7 female) were so notified in 1969 and between them were noted 26 malformations:—

Hypospadias	..	..	..	..	4
Talipes	..	..	..	..	9
Hydrocephalus	..	..	..	..	2
Cleft Lip/Cleft Palate	..	..	..	..	1
Spina Bifida	..	..	..	..	1
Anencephalus	..	..	..	..	1
Defect of Uro-Genital System	..	..	..	..	3
Encephalocoele	..	..	..	..	1
Unspecified Limb Malformations	..	..	..	..	2
Malformation of Spine	..	..	..	..	1
Multiple developmental abnormalities	..	..	..	..	1

26

3 were stillbirths and the others were included in the risk register (see below).

They will be carefully followed up until such time as their defects have been rectified or adequate provision made for their future education and well being.

Risk Register:

The 1969 Risk Register was compiled according to the modified form adopted two years ago—82 babies sharing 98 risk groups. The largest of these comprised 33 babies of the “premature, either by weight or gestation period” group. 23 babies had minor degrees of physical defect, and 18 suffered asphyxia at birth requiring resuscitation.

The Health Visitors compiling this list are divided in opinion as to its value. Some maintain that the Risk Register was started to help detect early deafness, and as all babies now have routine hearing tests it has outgrown its practical application. But the majority feel that the extra observation and attention given to any child born with even a slight handicap justifies its continuance.

Care of Premature Babies:

All babies weighing less than 5½lbs. at birth are by definition premature, though not all need special care. Forty-eight premature live births were notified during the year. All were born in hospital and four died within 24 hours of birth. There were in addition 7 premature stillbirths.

6.3 per cent. of all notified births were premature and the association of prematurity with stillbirths, neonatal mortality and mental or physical handicap is well known. Close supervision is therefore kept by the health visitors and clinic medical staff, particularly during the first 6 months of life.

Phenylketonuria:

Two cases have now been diagnosed through routine testing by the health visitors. No new cases were discovered during 1969.

Ante-natal Clinics:

Sessions for expectant mothers continue to be held weekly in the Central Clinic. Midwives are now “attached” to groups of general practitioners and assist them with special ante-natal sessions for their own patients in their own surgeries.

Excluding sessions at G.P.’s surgeries attendances during 1969 were as follows:—

No. of clinics held	..	..	52	(51)
New patients seen	..	..	50	(58)
Total No. of attendances	..	..	236	(336)

(The figures in brackets refer to 1968)

In addition the midwives held 539 ante-natal clinics with general practitioners at which there was a total attendance of 4,034 patients.

In association with the ante-natal clinics the physiotherapist holds sessions for relaxation and postural exercises. The numbers attending are increasing:—

New Patients	.. ..	62	(50)
Total Number of attendances	..	153	(145)
(The figures in brackets refer to 1968)			

These sessions form an integral part of the mothercraft programme intended primarily for mothers expecting their first babies (see page 48).

Dental Clinics:

All the facilities of the school dental service (see page 97) are available for expectant and nursing mothers, and for pre-school children.

The Area Dental Officer writes:—

“It is again with regret that I have to report that I am still unable to offer treatment to pre-school children by means of the three year old birthday card. With the anticipated increase in staff and facilities, it is to be hoped that a constructive approach to prevention of dental disease, dental education of parent and child and early diagnosis and treatment will become available to this group. With the availability of fluoride toothpaste and tablets and early advice and care the younger generation ought to be able to reach adulthood with a better dentition than their predecessors. If and when water fluoridation occurs then the picture could be further improved.

As is to be expected with the Local Authority dental service to some extent duplicating the facilities of the General Dental Services with regard to expectant and nursing mothers, the number treated at the Central Clinic remains low.”

The statistics for the treatment of expectant and nursing mothers and pre-school children are as follows:—

- (a) Total sessions (examination/treatment) 35 (53)
- (b) Pre-school children examined—no treatment required .. 110 (173)
- (c) Expectant and nursing mothers—a further new case .. 1 (2)
- (d) Attendances for treatment:—

	Expectant and Nursing Mothers	Pre-school Children
Extractions	— (—)	11 (18)
Fillings	28 (23)	197 (298)
Radiographs	3 (—)	3 (4)
Local Anaesthetics	6 (11)	— (—)
Teeth made self-cleansing and Silver Nitrate/Eugenol applied	— (—)	13 (5)
Dressings	4 (—)	25 (14)
Dentures	— (2)	— (—)

(The figures in brackets refer to 1968)

Other Clinic Facilities:

The special clinics for school children are also available for children not yet old enough for school. They are discussed more fully in the **School Health Service** section of this report. The figures which follow relate only to pre-school children: —

(a) *Physiotherapy Clinic:*

New patients treated	24	(20)
Old patients treated	6	(5)
Total number treated (new and old) ..	30	(25)
Total number of attendances	55	(58)

(b) *Eye Clinic:*

Total number seen (new and old) ..	72	(85)
Total number of attendances	116	(144)

(c) *Orthoptic Clinic:*

Total number seen (new and old) ..	47	(42)
Total number of attendances	129	(105)

(d) *Speech Therapy Clinic:*

Total number seen (new and old) ..	57	(37)
Total number of attendances	148	(42)

(e) *Child Guidance Clinic:*

Number of patients seen	11	(10)
-------------------------------	----	------

(The figures in brackets refer to 1968)

The Child Guidance Clinic is in Southey Road. All the others are held in the main Central Clinic premises in Stoke Abbott Road.

Sale of foods and medicaments at health clinics:

The Welfare foods are National Dried Milk, Orange Juice, Cod-liver oil and Vitamin supplements. The sale of these foods is undertaken by the ladies of the W.R.V.S. who are also responsible for keeping the accounts and making returns to the West Sussex County Council.

Care of the Unmarried Mother and her Child:

There were 82 illegitimate children born to Worthing mothers in 1969. 9.5% of all live births in Worthing were illegitimate in 1969. It was 10.8% the previous year.

The West Sussex County Council makes grants towards the funds of two Societies responsible for the case work, namely the Chichester Diocesan Mora Welfare Association and the Southwark Catholic Rescue Society. These two Societies obtain vacancies in hostels (mother and baby homes) for expectant mothers. Financial responsibility was accepted in 5 cases during 1969.

Family Planning:

Last year the Sussex branch of the Family Planning Association started a Youth Advisory Clinic in Worthing. This clinic gives practical help and advice on contraception to the unmarried, and is held in the Central Clinic every Thursday morning. Also at the Central Clinic are the ordinary family planning sessions every Monday and Wednesday evening.

An I.U.D. (intra-uterine device) clinic is held at Worthing Hospital on the 1st, 2nd and 5th Monday evening of each month.

I am obliged to the Clinic Secretary for supplying the following statistics:—

Number of sessions in Central Clinic	..	..	105	(108)
Number of Youth Advisory sessions	..	..	28	(12)
Number of I.U.D. sessions in Worthing Hospital	..		66	(36)
Number of new patients seen (excluding transfers)			640	(635)
Number of new patients attending Youth Advisory Clinic	..	..	134	(41)
Number of transfer patients seen	..	..	113	(140)
Total No. of patients seen (old, new and transfers)			5,328	(1,456)
Total attendances (including visits for supplies only)			5,784	(3,957)

(The figures in brackets refer to 1968)

The methods of contraception chosen by new patients were:—

Oral (the Pill)	..	..	..	..	381	(324)
Diaphragm	..	..	..	..	141	(204)
I.U.D.	..	..	..	..	83	(84)
Other	..	..	..	..	72	(23)
					<hr/> 677	<hr/> (635)

303 of the 774 new patients (39.1%) were referred by their own doctors. In 1968 it was 34.8%.

The above figures include 134 (41) patients who attended the Youth Advisory sessions. 79 of the 134 were sent by their own doctors.

Of the 105 ordinary sessions held in the Central Clinic, some were staffed by 2 and some by 3 doctors. The total number of "doctor sessions" in 1969 was 262 (257) at the ordinary sessions and 28 at the Youth Advisory Clinic.

(The figures in brackets refer to 1968)

In accordance with the National Health Service (Family Planning) Act, 1967, the Borough Council has continued to provide (through the F.P.A.) free contraceptive advice and supplies for specified categories of patients in which pregnancy would be detrimental to health. These are:—

1. (a) Within 12 months of last confinement;
- (b) After birth of fifth child;

2. Where a medical or gynaecological condition existed which would make a further pregnancy dangerous;
3. Where there was a risk that a further pregnancy would impair health for mental, physical or social reasons.

An annual contribution of £3 17s. 6d. per patient was paid to the Sussex branch of the F.P.A. in respect of 199 patients in 1969—at total of £771 2s. 6d. In 1968 the number of exempted patients totalled 200 and the sum reimbursed was £704 17s. 6d.

The largest number of exemptions were in category 1(a). Only 22 were in category 3.

MIDWIFERY

The number and percentage of home confinements continues to decline. The table below clearly shows this:—

Year	Notified live and stillbirths		
	Total No. of confinements	No. born at home	% born at home
1964	936	205	21·9
1965	970	164	16·9
1966	923	129	13·8
1967	943	57	5·8
1968	904	20	2·2
1969	877	8	0·9

The confinements took place as follows:—

Southlands Hospital	305 (including 6 stillbirths)
Worthing Hospital	322 (including 1 stillbirth)
Zachary Merton Maternity Hospital	239 (including 5 stillbirths)
Other hospitals	2
Patient's own home or private address	8
Private Nursing Homes	1
Total ..	<u>877 (including 12 stillbirths)</u>

Three years ago Worthing Hospital Maternity Unit became a General Practitioner Unit.

	1967	1968	1969
Confinements in Worthing (all patients)	320	440	380
Confinements in Worthing Hospital (Worthing mothers only)	290	387	322
Confinements in Southlands (Worthing mothers only) ..	320	267	305
Confinements in Zachary Merton (Worthing mothers only)	267	223	239

Only 8 babies were born at home in 1969. The Local Authority domiciliary midwives were also responsible however for "short-stay" confinements in Worthing Hospital Maternity Unit. These mothers were in general having normal second or third babies and were discharged home after 48 hours. Excluding ante-natal clinics (page 39) and mothercraft classes (page 48) the work of the domiciliary midwives is summarised in the following statistics:—

Domiciliary confinements	8	(20)
Short-stay confinements in Worthing Hospital Maternity Unit	118	(148)
Ante-natal home visits	1,831	(1,859)
Post-natal nursing visits	2,769	(2,529)

(The figures in brackets refer to 1968)

HEALTH VISITING

Statistics for the year are shown in the table that follows. The figures in brackets refer to 1968:—

Type of case	Number of cases visited	Total number of visits
Children born in 1969 (1968)	907 (994)	3,210 (3,417)
Children born in 1968 (1967)	895 (1,215)	} 5,435 (3,088)
Children born in 1964–1967 (1963–1966)	1,500 (1,958)	
Children under the age of 5 years	3,302 (4,167)	8,645 (6,505)
Persons aged 65 or over:		
(a) Total	1,844 (1,925)	} 6,208 (7,748)
(b) at request of G.P. or hospital ..	1,336 (1,481)	
Mentally disordered persons:		
(a) Total	34 (52)	}
(b) at request of G.P. or hospital ..	29 (47)	
Persons discharged from hospital (other than maternity or mental cases):		
(a) Total	309 (433)	} 2,900 (3,630)
(b) at request of G.P. or hospital ..	217 (303)	
Tuberculous households visited	19 (13)	}
Households visited on account of other infectious diseases	17 (42)	
Other cases	545 934	

(The figures in brackets refer to 1968)

Total visits made by health visitors during the year numbered 17,753 compared with 17,833 in 1968.

HOME NURSING

Details are given below of the numbers of patients treated and the visits paid during 1969. (The figures in brackets refer to 1968):—

Total number of patients attended	..	..	2,204	(1,893)
Number under 5 years	..	..	50	(22)
Number aged 65 or over	..	..	1,300	(1,191)
Total number of visits paid (home nurses)	..	..	96,927	(59,359)
Total number of visits paid (nursing auxiliaries)	..	..	20,852	(22,424)

VACCINATION AND IMMUNISATION

Since 1st January, 1968, the County Council's computerised scheme has been used for recording vaccinations and immunisations in the Borough and the statistical tables have been supplied by the County Health Department.

A new schedule of immunisation was introduced in 1969 on the recommendation of the Joint Committee on Vaccination and Immunisation. This was done with a view to producing better antibody response and fewer reactions. The new timing is as follows:—

<i>Age</i>	<i>Procedure</i>
6 months ..	Diphtheria/whooping cough/tetanus, plus oral poliomyelitis vaccines
8 months ..	Diphtheria/whooping cough/tetanus, plus oral poliomyelitis vaccines
14 months ..	Diphtheria/whooping cough/tetanus, plus oral poliomyelitis vaccines
15 months ..	Measles vaccination
16 months ..	Smallpox vaccination
4 years 6 months ..	Diphtheria/whooping cough/tetanus, plus oral poliomyelitis vaccines
4 years 7 months ..	Smallpox revaccination
14 years 8 months ..	Tetanus toxoid, plus oral poliomyelitis vaccines
14 years 9 months ..	Smallpox revaccination

Unfortunately the introduction of this new schedule resulted in a marked fall in the number of children protected, since the primary immunisation course is not now completed in the first year of life, and smallpox vaccination is given at 16 months instead of one year. Fewer children, therefore, completed their primary course of immunisation or were vaccinated during 1969 than would have been the case if the timing of the old schedule had been retained. The total number of reinforcing doses given, however, had slightly increased over the previous year, and revaccinations in the 5-15 age group increased by over 500%.

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis :

Type of Injection	Numbers completing primary course			Numbers having reinforcing doses		
	At L.A. Clinics or Schools	At G.P.'s Surgeries	Total	At L.A. Clinics or Schools	At G.P.'s Surgeries	Total
Triple Antigen	43 (187)	210 (636)	253 (823)	198 (247)	823 (656)	1,021 (903)
Diphtheria	— (—)	— (—)	— (—)	— (39)	— (39)	— (39)
Diphtheria/whooping cough	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Diphtheria/Tetanus	6 (20)	6 (16)	12 (36)	469 (759)	1,135 (922)	1,604 (1,681)
Tetanus	12 (14)	3 (3)	15 (17)	8 (12)	19 (6)	27 (18)
Polio-myelitis	58 (224)	229 (682)	287 (906)	571 (730)	1,859 (1,350)	2,430 (2,080)
Totals	119 (445)	448 (1,337)	567 (1,782)	1,246 (1,787)	3,836 (2,934)	5,082 (4,721)

(The figures in brackets refer to 1968)

Smallpox:

Age Group	Number of primary vaccinations			Number of re-vaccinations		
	At L.A. Clinics or Schools	At G.P.'s Surgeries	Total	At L.A. Clinics or Schools	At G.P.'s Surgeries	Total
Under 1 year	18 (1)	33 (14)	51 (15)	— (—)	— (—)	— (—)
1 year	80 (192)	402 (537)	482 (729)	— (—)	— (1)	— (1)
2-4 years	10 (53)	126 (183)	136 (236)	2 (2)	15 (11)	17 (13)
5-15 years	3 (3)	38 (42)	41 (45)	266 (56)	1,239 (180)	1,505 (236)
Totals	111 (249)	599 (776)	710 (1,025)	268 (58)	1,254 (192)	1,522 (250)

(The figures in brackets refer to 1968)

The table below shows an even greater reduction in the number of children vaccinated against measles in 1969. This was the result of the withdrawal in March of all stocks of the vaccine (on the advice of the Department of Health and Social Security) because of reports of some adverse reactions following its use.

Measles:

Age Group	At L.A. Clinics or Schools	At G.P.s' Surgeries	Totals
Children born in 1968 ...	—	1	1
Children born in 1967 ...	24	84	108
Children born in 1966 ...	15	23	38
Children born in 1962-65 ...	28	44	72
Others under 16 ...	57	76	133
Totals ...	124 (675)	228 (1189)	352 (1864)

(The figures in brackets refer to 1968)

Influenza:

Members of the Corporation staff were again offered protection against this disease, and during October 500 were given the single immunising injection.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

(a) *Mass Radiography:*

The number of persons X-rayed in Worthing by the Mass Radiography Unit in 1969 was as follows:—

	Males	Females	Total
General Practitioner Service (52 weekly visits)	925	988	1,913
Factory Visit	3	54	57
TOTAL ...	928	1,042	1,970

The 1,970 persons X-rayed at the G.P. Service visits compares with 1,978 in 1968. The results of the visits are tabled below:—

Disease	Male	Female	Total	Rate per 1,000 X-rayed
Newly discovered cases of pulmonary tuberculosis requiring treatment or close supervision	1 (—)	2 (1)	3 (1)	1·52 (0·50)
Cases of tuberculosis requiring occasional out-patient supervision only	15 (12)	12 (15)	27 (27)	13·71 (13·65)
Primary cancer of the lung	14 (18)	2 (4)	16 (22)	8·12 (9·10)
Other forms of cancer	1 (1)	— (—)	1 (1)	0·51 (0·50)

(The figures in brackets refer to 1968)

(b) *B.C.G. Vaccination:*

This scheme, begun in November, 1961, includes all the 13-year-old children attending both local authority and independent schools in the Borough. Each child whose parent has consented to the scheme, is given a Heaf test, followed by a B.C.G. vaccination if they are negative, or an X-ray at the Mass Radiography Unit if they are positive.

Here are the details of the work done in 1969, with those of 1968 in brackets for comparison:—

Number of children given Heaf test	789	(847)
Number found to be tuberculin negative	713	(751)
Number found to be tuberculin positive	76	(96)
Number vaccinated	687	(729)

All those found positive were X-rayed but no lung abnormalities were found.

Health Education:

A large number of talks to schools and to various organisations in the town were given by the Health Education Organiser during the year. Many were illustrated by films or slides:—

Talks given in schools or films projected	166	(5,194)
Talks given to various organisations	63	(1,118)
TOTAL	229	(6,312)

The figures in brackets are the numbers in the audiences. 94 of the talks were illustrated by films and 23 by slides.

The mothercraft classes for expectant mothers are now transferred to the Maternity Unit at Worthing Hospital.

The programme covers the following topics:—

1. Posture (physiotherapist);
2. Minor problems of pregnancy (midwife);
3. Simple general exercises (physiotherapist);
4. Care of the teeth (dentist and dental hygienist);
5. Relaxation (physiotherapist);
6. Diet, pram, cot, layette (health visitor);
7. Correct support during and after pregnancy (physiotherapist);
8. The new baby (health visitor);
9. Infant feeding (health visitor).

The number of classes held were as follows:—

	No. of sessions		No. of attendances	
Physiotherapist	20	(22)	140	(145)
Health Visitors	17	(19)	109	(97)
Dental Surgeon	4	(2)	19	(12)
Dental Hygienist	—	(3)	—	(18)
Midwives	6	(5)	53	(35)

(The figures in brackets refer to 1968)

I am grateful to Miss Jones, Health Education Organiser, for the following report:—

School Talks:—

At the County Secondary School for Girls two courses were given on "Personal Relationships" to senior girls. Two groups of pupils attended each course and a number of films and slides were shown to provide visual aids for the talks.

At the Davison School a Mothercraft Course was started for two groups of pupils by a Health Visitor in September and continued throughout the autumn term. An oral examination in mothercraft as part of the examination set by the National Association for Maternal and Child Welfare was held in June.

At the George Pringle School a Mothercraft Course for senior girls was given throughout the autumn term with special emphasis on practical and visual aids.

Dental Hygiene:—

At all junior and senior schools prior to the Dental Officer's inspection, a talk was given and a film shown, during the summer and autumn terms.

In the autumn term all new children in Infant schools were given a dental kit (purchased from dental and health education funds), and a short talk on dental hygiene was given at each school. This practice is to continue at the beginning of each new term.

Guides, Brownies, and St. John Ambulance Brigade:—

A large number of candidates have been given oral tests in Home Safety and Hygiene.

Various Organisations:—

Talks with films and/or slides have been continued during the year at the request of adult and youth groups.

Clinic Health Education:—

Short talks, aided by posters and leaflets are being given at Infant Welfare Clinics in co-operation with the Health Visitors. Where possible, arrangements are made to show a film to mothers at the end of a session.

Campaign against fouling of pavements and grass verges by dogs:—

At the request of the Health and Welfare Committee, this campaign was launched in the summer. Posters were designed and a selected one was printed and exhibited throughout the town. Notices appeared in the local press. A poster competition in schools aroused interest in children and parents.

New Equipment (In addition to posters, pamphlets, books, booklets):—

Film strips, an artist's drawing board, cushions for mothercraft classes in Maternity Unit, and a daylight screen have been purchased.

Worthing Home and Water Safety Committees:—

The Department has assisted by making posters and decorating a "float" for the Water Safety Committee which competed in the August Bank Holiday procession and organised the Water Safety Display at the Aquarena.

The work of the Medical Social Worker:

Miss E. Y. Jones has submitted the following report:—

Total number of Cases in 1969:

(a) Re-registered	..	..	..	..	..	68
(b) New cases	..	..	..	..	..	339
(c) Re-opened	..	..	..	..	..	34
						<hr/> 441 <hr/>

Reasons for Referral:

1. Social and Personal Problems						
(a) Follow up after discharge from hospital	..					42
(b) Advice, support and practical help	..	..				138
(c) Social assessment	..	..	..	..		9
(d) Rehabilitation and employment	..	..				3
2. Residential Care and Accommodation						
(a) Temporary	..	..	..	..	..	40
(b) Permanent	..	..	..	..	..	88
(c) Terminal	..	..	..	..	..	47
(d) Housing	..	..	..	..	..	3
3. Recuperative Holidays and Convalescence	..					71
						<hr/> 441 <hr/>

Sources of referral:

General Practitioners	..	..	..	..	66
General Practitioners/Health Visitors	..	..			53
Health Visitors	..	..	..	..	89
Consultants and M.O.H.	..	..	..	..	11
Medical Social Workers	..	..	..	..	56
Borough Nursing Staff	..	..	..	..	7
Statutory Agencies	..	..	..	..	10
Voluntary Agencies	..	..	..	..	14
Personal Application	..	..	..	..	33
Miscellaneous	..	..	..	..	34
					<hr/> 373 <hr/>
Reregistered	..				68
					<hr/> 441 <hr/>

Age Analysis of Referrals:

0—20 years	..	..	..	..	..	2
20—40 „	..	..	..	..	..	15
40—60 „	..	..	..	..	..	41
60—80 „	..	..	..	..	..	209
Over 80 „	..	..	..	..	..	174
						<hr/> 441 <hr/>
<i>Cases requiring intensive casework</i>	..	..	..	..	..	20

The number of recuperative holidays and periods of convalescence slightly decreased during 1969 and of the total set aside for this purpose £625 10s. 2d. was used compared with £832 19s. 3d. and 37 holidays in 1968. Of the holidays arranged 26 were subsidised through the Borough Scheme and some charitable help was obtained to subsidise six private holidays, thus saving the Borough Fund for those people who could not be helped from any other source. Holidays were arranged not only as a means of speeding recovery following illness, but also to alleviate strain for hard-pressed relatives caring for invalids.

A large number of patients were referred for help in planning their future, and in the majority of cases this was of a permanent nature. The people helped in this way covered a cross-section of the community. Advice was given to those who sought care in private residential accommodation as well as to those who required admission to welfare or voluntary homes, such as those run by the Council of Social Service or Abbeyfield Society. The problem of adjusting to a change of environment and relinquishing a much-loved home increases with age and is always a difficult one; in all cases the Medical Social Worker needs to give a considerable amount of casework help and support as well as practical advice. In every case she endeavours to help the individual reach a decision for themselves about their future.

Where patients remain in their own homes the Medical Social Worker's aim is to co-operate with both statutory and voluntary workers to give as much support and help as possible. The increased number of friendship and luncheon clubs, as well as other schemes for preventing isolation and reducing loneliness, provide an invaluable means of support to many elderly and inadequate persons.

A proportion of the Medical Social Worker's time was also devoted to patients because of personality difficulties and the complicated nature of their problems, required casework help and advice frequently and regularly over long periods.

A considerable number of patients, totalling 92, an increase of 17 over 1968, was suffering from various forms of cancer, some of them needing supportive help on a fairly long-term basis. The difficulties of obtaining beds in hospital for terminally ill patients has continued and 28 patients were referred for terminal care, compared with 22 in 1968. Some were financed by the National Society for Cancer Relief to help patients and the

total amount given during the year was £941 12s. 0d. (£1,241 3s. 0d. in 1968). Some of this was given to the patients, anonymously in most cases, to help meet the cost of extra nourishment, excessive laundry, etc., and the rest to meet nursing home fees. The Marie Curie Memorial Foundation helped in a similar way and gave £731 19s. 0d., nearly double the amount of last year.

Other charitable help, totalling £1,098 9s. 2d. (£778 1s. 0d. in 1968), was obtained during the year from a variety of sources, e.g. Professional Classes Aid Council, Friends of the Poor and Gentlefolk's Help, Guild of Aid for Gentlepeople, as well as trade and professional benevolent organisations for many different reasons. In some cases of acute and chronic illness, e.g. stroke/heart cases, where a hospital bed was not available immediately and the patient was too ill to remain at home without help, financial help from these sources was used to support them in private rest and nursing homes. In addition, small regular allowances were made, for example, to supplement those on a fixed income, many of whom have been used to a higher standard of living previously, in order to try and alleviate their reduced circumstances.

Altogether amounts totalling £2,772 were received from charitable sources for the help of patients during the year. In the last five years this generous assistance has amounted to £11,629, which has been administered by the Medical Social Worker and has helped to meet the cost of nursing home fees and to provide special care at home, fuel, extra nourishment, etc.

Chiropody:

The following table summarises the work done during the past five years:—

Year	No. of clinic sessions	No. of new patients	Total No. of patients who received treatment	Total No. of treatments (old and new patients)	No. of free treatments	% of free treatments
1965	435	369	692	2,418	834	34
1966	476	339	939	3,655	1,185	32
1967	644	350	1171	4,756	1,503	32
1968	905	275	1330	7,055	2,290	33
1969	1,264	562	1719	8,964	2,835	32

Mr. E. Jones, Senior Chiropodist, reports as follows:—

“1969 saw a further improvement in the chiropody service offered to patients of pensionable age and handicapped persons who are able to attend the Central Clinic.

In April, a third chiropodist was employed, and in May a second clinical assistant joined us. This enabled us rapidly to absorb the long waiting list of patients, and for a few weeks to offer a relatively early appointment to new applicants. However, the more patients that are treated, the more rapidly our service is recommended to friends and neighbours, and the

greater the number of new applicants we receive, so that in spite of the improvement in staff and consequent increase in the total number of patients, the end of the year saw us yet again with a sizeable and growing waiting list.

At the beginning of September, after two chiropodists had attended a short appliance-making course in London, a pilot scheme for making simple replaceable digital appliances and insoles was introduced for suitable elderly and handicapped patients. By the end of the year, although a full assessment of their benefit could not be made within a few short months, it was apparent that the patients greatly appreciated these appliances and that there was a significant reduction in hyperkeratosis, and consequently in foot pain.

The School Medical Officer was quick to realise that similar insoles would benefit young children, and a small children's clinic was begun before the end of the year to meet this need.

The fee charged per patient per attendance remained at 4s., although patients in receipt of a Supplementary Allowance continued to be treated free of charge. No extra charge was made for any special appliance made for a patient as it is felt that future saving in treatment time and the reduction of orthodox padding will more than offset the cost of time and materials spent in making the appliance. No charge was made for insoles supplied to children."

HOME HELP SERVICE

I am grateful to Mrs. Kenton, Home Help Organiser, for the following report:—

“Staffing Situation:

In January, 1969, our average number of Home Helps was 90 and Neighbourly Helps, 10. In December, 1969, our average was 110 Home Helps and 16 Neighbourly Helps.

During 1969, 122 women applied for posts in the service, 117 of whom were accepted. 48 of these are still with us and 11 were students only helping in the holiday periods. Fifteen of the women who applied left after 2-3 weeks as they either felt the work was too depressing or too hard for them. The remaining 43 left after varying months of service, usually because they had saved enough money for their holiday or T.V., etc.

Laundry Service:

The Laundry Service started off very slowly. Initially we confined it to incontinent washing with the Nurses bringing it into the Health Department and an Organiser returning it. By the end of the year we made it possible for anyone living alone in a bedsitter on a supplementary pension, and having no washing or drying facilities, to be included. A Home Help who has a car is now engaged daily in collecting, doing the washing, and returning it to patients.

Bicycles:

Four secondhand bicycles have been bought in 1969 and it is hoped we can build up a small reserve of these gradually as it has helped certain home helps immeasurably."

Details of the help given in the past five years are shown below:—

Category	No. of persons helped				
	1965	1966	1967	1968	1969
Aged 65 years and over	1,034	1,062	1,052	1,153	1,221
Chronic sick and tuberculous	60	68	60	69	59
Mentally disordered	3	3	5	6	9
Maternity	43	29	16	18	21
Others	78	97	105	80	65
Aged under 65					
Totals	1,218	1,259	1,238	1,326	1,375

The actual number of hours of help given in 1969 was 105,348, and 820 households on average were receiving help from the home help service each week.

MENTAL HEALTH

The Work of the Mental Welfare Officers:

This can be summarised as follows:—

1. The statutory admission of mentally ill patients to hospital.
2. The supervision and visiting of the mentally subnormal in the community.
3. The supervision and management of the mentally ill in conjunction with the consultant psychiatrists and the family doctors.

1969 was the first year in which Worthing had its full complement of three Mental Welfare Officers, and the total number of visits made showed a marked increase over the previous year:—

1. *Visits re mentally subnormal patients:*

Visits to Training Centres	238	(168)
Routine visits to patients' homes, etc.	388	(344)
Conveyance (short-term and permanent care)	188	(186)
Visits to various Social and Welfare Agencies	229	(184)
Other miscellaneous visits	122	(146)
Total	1,165	(1,028)

2. *Visits re mentally ill patients:*

Initial investigations	1,054	(982)
Hospital and Nursing Home visits	1,782	(1,008)
After-care visits	1,559	(876)
Visits to various Social and Welfare Agencies ..	968	(572)
Visits to relatives, etc., of patients, and regarding property	1,151	(270)
Visits to Police	214	(106)
Visits regarding Hospital Admissions	623	(185)
Conveyance to Out-Patient Clinics	240	(80)
Other miscellaneous visits	327	(182)
Total ..	7,918	(4,261)

3. *Other visits:*

Attendance at Case Conferences	301	(214)
Attendance at Psychiatric Social Clubs, etc.	262	(183)
Attendance at Voluntary Associations' Meetings ..	122	(80)
Attendance at Lectures, Hospital discussions, etc. ..	220	(140)
Total ..	905	(617)

(The figures in brackets refer to 1968)

Mentally subnormal patients :

New referrals of subnormal patients numbered 13, one fewer than in 1968. The sources of the referrals were:—

Source of Referral	Males	Females	Children	Total
General Practitioners, Consultants and Hospitals	—	1	2	3 (—)
Local Education Authority	—	—	3	3 (3)
Relatives	2	1	—	3 (1)
Other Health Authorities	1	—	2	3 (9)
Other Sources	—	—	1	1 (1)
Totals	3	2	8	13 (14)

(The figures in brackets refer to 1968)

The 13 new referrals during the year were dealt with as follows:—

Disposal	Males	Females	Children	Totals
Admitted to Psychiatric Hospitals ...	—	1	—	1
Placed in Residential Homes ...	1	1	—	2
Placed in Training Centre Hostels ...	1	—	1	2
Placed under informal community care	1	—	7	8
Totals	3	2	8	13

Of the eight placed under informal community care, 5 are attending Training Centres on a daily basis, and two are awaiting Hospital admission.

There were 249 patients on the register at the end of the year—13 more than in 1968. The table which follows shows their disposition:—

Form of Care	Males	Females	Children	Total
Psychiatric Hospitals	41	36	5	82
Residential Homes	3	10	1	14
Boarded out in Private Homes ...	2	3	1	6
Durrington Hostel	—	—	3	3
Rustington Hostel	4	—	—	4
Informal Community Care ...	41	65	34	140
Totals	91	114	44	249

Of the total of 140 under informal community care, 52 attended Training Centres on a daily basis (6 males, 20 females and 26 children); 2 males and 1 child were awaiting admission for permanent Hospital care; 3 children were attending Special Schools; and 2 were awaiting admission to the Junior Training Centre.

Training Centres:

The following table shows the number of Worthing pupils attending Adult and Junior Training Centres. In addition, six pupils are attending centres maintained by other authorities or voluntary bodies:—

Centre	Males		Females		Total
	Under 16	Over 16	Under 16	Over 16	
Durrington	16	—	11	—	27
Rustington	—	4	—	—	4
Worthing	—	8	—	20	28
Totals	16	12	11	20	59

Short-term Care :

During the year 16 separate periods of short-term care were arranged, eight for adults and eight for children. Three of these periods were for care during the Hospital admission and convalescence of mothers after operations, and the remainder to give parents the opportunity to take a short break. Four periods were arranged for adult males at Rustington Hostel, four for adult females in St. Mary's Convent, Portslade. The children were, in the main, accommodated in Durrington Hostel, with the exception of two of the periods when the Hostel was closed for staff holidays. In these cases, arrangements were made with the Forest Hospital and the Buckets and Spades Home at Bexhill-on-Sea.

Mentally ill patients :

During 1969 there were 190 admissions to Hospitals, 48 more than in the previous year. Of these admissions, 94 were on an informal basis, and the remainder were by various statutory procedures as required by the Mental Health Act, 1959. Of these 190 admissions, 172 were to Graylingwell Hospital and 18 were to other Hospitals. The details are as follows:—

Mental Health Act, 1959	Males		Females		Total
	Graylingwell	Others	Graylingwell	Others	
Section 5—(Informal) ...	36	4	47	7	94 (59)
Section 25—(Observation 28 days)	6	—	20	2	28 (42)
Section 26—(Treatment)	3	—	5	—	8 (7)
Section 29—(Observations in emergency—3 days)	26	—	29	3	58 (33)
Section 60—(Court Order)	—	2	—	—	2 (1)
Totals	71	6	101	12	190 (142)

(The figures in brackets refer to 1968)

SERVICES FOR HANDICAPPED PERSONS

The work continued to expand during 1969 and the number of persons on the register was 973 at the end of the year, an increase of 79 in 12 months.

The following tables analyse the various disabilities according to their age group and effect on working ability:—

Major handicaps	Age under 16 (1)	Age 16-29 (2)	Age 30-49 (3)	Age 50-64 (4)	Age 65 or over (5)	Total (6)
1. Amputation	—	1	1	5	34	41
2. Arthritis or rheumatism	—	—	8	32	419	459
3. Congenital malformations or deformities	6	5	6	5	—	22
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	—	1	2	5	22	30
5. Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	—	3	7	22	56	88
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	2	4	33	78	168	285
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	—	1	1	—	1	3
8. Tuberculosis (respiratory)	—	—	—	2	—	2
9. Tuberculosis (non-respiratory)	—	—	1	1	1	3
10. Diseases and injuries not specified above	1	—	5	6	28	40
Totals	9	15	64	156	729	973

Working ability					Total
Capable under ordinary conditions	In sheltered work-shops	At home only	Incapable or not available	Children under 16	
A	B	C	D	E	
32	20	8	904	9	973

It will be seen that by far the largest group are those deemed incapable or not available for work (904 out of 973). Most of these have in fact passed the age of retirement. Arthritis and rheumatism are the commonest disabilities.

Statistically the work of the Handicapped Services Officers can be summarised as follows, with that of the preceding year for comparison in brackets:—

Visits made	3,249	(3,227)
New patients added to register	144	(138)
Aids loaned to patients	592	(485)
Adaptations made to homes	44	(39)
Garage drives constructed	2	(2)
Holidays arranged	19	(24)

Aids and adaptations:

These include the provision of handrails, ramps for wheel-chairs, sliding doors, etc.

As in previous years gifts of equipment from individuals and financial assistance from various voluntary bodies have been made to the department, for which grateful acknowledgement is made.

Department of Health and Social Security Chairs :

A considerable amount of work is done every year in connection with wheelchairs. Following the doctor's request, advice is given regarding the most suitable type of chair for the patient and for use in his own home, e.g. door and passage widths, etc.

The Department of Health and Social Security are now changing the design of their Model 8 wheelchairs and have during the past year given 14 chairs to this department. These have been in extremely good condition and are very useful.

Holidays:

Handicapped persons are eligible for the holiday scheme in certain cases. Holidays are usually for 2 weeks only. In 1969 19 holidays were arranged and enabled relief from responsibility to be given to the relatives.

Day Centres and Clubs:

- (a) *West Sussex Association for the Care of the Disabled..* Thirty-three persons now attend the centre in Field Place. Twenty attend for the full day, 13 for the afternoon only.
- (b) *British Red Cross Society Disabled Club.* This is now held twice monthly at the Congregational Hall, Shelley Road. There is a varied programme of lectures, film shows, musical afternoons, etc. The membership is 55. This club is run entirely by the Red Cross who provide the hall, the transport and the workers.
- (c) *Worthing, Littlehampton and District Spastics Society.* The Day Centre at Rectory Road opens daily, but only 10 patients are able to attend at one time. Industrial work and some craft work is carried out, and for this the patients receive 12/6 pocket money per week, plus their hot lunch.

Housing for the Disabled:

In 1969 no more specially adapted dwellings were made available to the disabled. The most urgent need now is not for specially adapted dwellings but ground-floor flatlets, either with a garage or sufficient room to erect a Ministry shed to accommodate their vehicles.

Toilets for the Disabled :

Two toilets have now been adapted for the disabled, one opposite the Dome, Marine Parade, and the other at Marine Gardens, West Worthing. These have been fitted with wide sliding doors, large wooden seats at a slightly higher level than usual, bells which connect with the attendant when

one is on duty, surgeon taps to hand basins, and side arms fitted to the walls which can be folded back if necessary when sliding from a wheelchair to the toilet seat.

Car Badges for Disabled Drivers:

Car badges are issued to assist severely disabled drivers with parking and only the following drivers are eligible: —

- (a) Drivers of vehicles supplied by the Department of Health and Social Security.
- (b) Drivers of vehicles specially adapted for persons with defects of locomotion.
- (c) Drivers with amputations which cause considerable difficulty in walking, or who suffer from a defect of the spine or the central nervous system which makes control of the lower limbs difficult.

The badges confer no legal rights but are issued for the purpose of identification so that the police can assist the disabled in parking and exercise discretion in their favour whenever possible. Since the installation of parking meters holders of car badges are allowed to park in meter bays free of charge for an unlimited period.

During 1969, 2 spaces were set aside for drivers of invalid carriages only, one at the north end of Montague Place and one at the south end of Liverpool Terrace.

At the beginning of the year the car badge register contained the names of 146 Worthing residents and at the end of the year this number had increased to 163. 22 applications were received and approved during the year.

NURSERIES, PLAYGROUPS AND CHILD MINDERS

Section 60 of the Health Services and Public Health Act, 1968, which amended the Nurseries and Child Minders Regulation Act, 1948, came into effect on 1st November, 1968. The scope of the 1948 Act was extended to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day, and persons who, in their own homes and for reward, look after one or more children under the age of five to whom they are not related, for similar periods.

During the year approval was given for the registration of six additional child minders and the position at the end of the year was as follows:—

	<i>Numbers registered</i>	<i>Number of children provided for</i>
(a) Premises	17 (20)	577 (546)
(b) Daily minders . .	13 (7)	185 (70)

(The figures in brackets refer to 1968)

340 visits of inspection were made during the year.

Day Care of Pre-School Children:

The need for day care which may arise from a variety of circumstances such as:—

1. The unsupported mother living with her child who has to go out to work and who cannot make satisfactory arrangements for the child to be cared for;
2. Those who need temporary day care on account of the mother's illness;
3. Those whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need;
4. Those for whom day care might prevent the breakdown of the mother or break-up of the family;
5. Those whose home conditions (e.g. because of gross overcrowding) constitute a hazard to their health and welfare; and
6. Those whose health and welfare are seriously affected by lack of opportunity for playing with others.

It has been the practice in Worthing for some years to place pre-school children who fall into any of the above categories in privately run day nurseries or with child minders, and in many cases the local authority has accepted financial responsibility for the fees. This has been justified on the grounds that it would ease the nervous strain on the mother and prevent a complete breakdown—possibly entailing her admission to hospital and taking the children into care. At the end of 1969 there were 13 children receiving day care financed in this way.

PRIVATE NURSING HOMES

Under Section 187 of the Public Health Act, 1936, nursing homes have to be registered with the County Council. The powers of registration, inspection, etc. have not been delegated to the Borough Council though 31 of the 62 registered nursing homes in West Sussex are in Worthing.

On 31st December, 1969, the 31 homes provided a total of 589 beds and catered for medical, surgical, convalescent and maternity cases.

PRIVATE HOMES FOR THE ELDERLY OR DISABLED

These homes have to be registered with the County Council under Section 37 of the National Assistance Act, 1948. As with nursing homes the powers of registration and inspection, etc. have not been delegated to the Borough Council. On 31st December, 1969, there were 54 such homes in Worthing out of a total of 131 in the County as a whole.

Most of the 802 beds available are occupied by the aged and infirm who need looking after but no actual nursing care. Three homes cater for the blind only and provide a total of 115 beds. Two homes are registered for aged, infirm and disabled (25 beds).

DAY CENTRE FOR THE ELDERLY

This Centre continues to fulfil a need. A full-time hostess is present every day between 10 a.m. and 5 p.m. when the Centre is open to senior citizens, and with the help of a part-time canteen assistant she arranges for hot snacks, coffee, biscuits, etc., to be on sale at the canteen. There are no entrance fees payable and all can enjoy the recreational facilities in the building free of charge. The senior citizens also arrange their own activities, e.g. a "bring and buy" and general sales, concerts, visits to places of interest, etc., and details of these are displayed on the notice board from time to time.

The number of main meals provided during the year totalled 5,443.

NATIONAL ASSISTANCE ACT, 1948 AND NATIONAL ASSISTANCE (Amendment) ACT, 1951

Section 47. Removal to suitable premises of persons in need of care and attention.

Before obtaining a magistrate's order for the compulsory removal of a person from his own home, the Medical Officer of Health and the patient's own doctor must both be satisfied that this measure is absolutely necessary. They must both certify that the person concerned is either suffering from a grave chronic illness, or that he or she is aged, infirm or physically handicapped and living in insanitary conditions, and that proper care and attention is not being given.

It was necessary on one occasion to use these powers:—

On the 13th February an elderly lady, aged 75 years, who fulfilled all the above criteria, was moved to Worthing Hospital for urgent medical treatment and nursing care. After three weeks she improved and was subsequently moved to one of the County Council's welfare homes outside the Borough.

Section 50. Burial of the Dead.

It is the duty of the local authority to make disposal arrangements where none would otherwise be made. The main reason for this is the absence of an executor, friend or relative willing to make the arrangements, rather than lack of funds in an estate. The burials of 4 females and 2 males and the cremation of 1 female were carried out. The Council's expenses are recovered from any estate or death grant payable where at all possible and in only two instances was the total cost not recovered. Attempts are also made to trace any surviving relatives.

STAFF MEDICAL EXAMINATIONS

Medical examinations are undertaken by staff of the Department in connection with teaching appointments and admissions of student teachers to training colleges.

Blood samples are taken for Widal tests on all new employees working in the water department. The following table summarises the work done during the year:—

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Borough Water Engineer (Widal tests)	33 (48)	— (—)	33 (48)
Education (Teachers)	1 (3)	3 (3)	4 (6)
Entrants to Training Colleges ..	20 (25)	53 (48)	73 (73)
TOTAL ..	54 (76)	56 (51)	110 (127)

(The figures in brackets refer to 1968)

Nine medical examinations were carried out at the request of other Local Authorities in 1969.

Prospective employees of the Borough Council no longer receive a medical examination routinely on appointment but instead complete a detailed statement outlining their past and present health, and this is scrutinised by one of the medical staff. In the event of any unsatisfactory medical history, an examination is carried out or further information is obtained (with the candidate's permission) from his or her own doctor.

The following is a summary of the work done during 1969:—

Health Statements Completed

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Town Clerk	10	6	16
Borough Engineer	14	3	17
Borough Architect	1	2	3
Medical Officer	4	14	18
Borough Treasurer	3	6	9
Borough Librarian	3	7	10
Borough Water Engineer ..	5	1	6
Director of Entertainment and Publicity	3	1	4
Borough Education Officer ..	6	2	8
Housing Manager	1	1	2
Justices Clerk's	—	1	1
Weights and Measures	1	—	1
Crematorium	1	—	1
Total ..	52 (37)	44 (50)	96 (87)

(The figures in brackets refer to 1968)

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Part III.

ENVIRONMENTAL HEALTH SERVICES

(Report of the Chief Public Health Inspector).

INTRODUCTION

1969 was a particularly noteworthy year nationally for local government in general and environmental health services in particular. Governmental Green and White Papers cast shadows of drastic re-organisation and produced no inconsiderable comment from local authority and professional associations. Perhaps more significant from a public health point of view was the rapid growth of interest in environmental circumstances with the adverse effects of increasing pollution.

The sudden interest in the discovery of these problems by commercial, professional and other associations, some of whom are clearly eager to alight on a new bandwagon, is commendable but cannot but evoke a certain cynicism. As local authorities—who have wrestled with these problems for years—well know, the sincerity of the concern will be tested by economics and not words, and by an acceptance of further restrictive measures.

Meantime the routine work of health departments continues and the best means available to improve the local environment are adopted. Perhaps staff changes predominated on the domestic front. The vacant Public Health Inspector's post was filled in May by Mr. J. W. Knowles who came directly from Richmond but resigned within 5 months to return to Zambia whence he had but recently been repatriated. The post had not been filled by the end of the year.

Mr. M. P. Waite, District Inspector, obtained the Diploma in Air Pollution; one student inspector, Mr. I. Preece, qualified and obtained an Inspector's post at Croydon; and another student, Mr. D. E. Beer, passed the intermediate examination of the qualifying Diploma. A further student, Mr. J. Hall, was appointed in Mr. Preece's place.

Contributions by 2 Inspectors were published by technical journals, on legal remedies for purchasers of unsound food and suggested administrative improvements.

Visits made by all inspectorial staff totalled 11,034 and details of the work carried out by the department follow.

GENERAL INSPECTIONS

General inspections included the following:—

Houses	..	..	..	..	..	..	561	(1,499)
Factories	..	..	..	..	..	..	359	(444)
Food Premises	..	..	..	..	..	..	2,076	(3,449)
Drainage	..	..	..	..	..	..	721	(828)
Air Pollution Measurement	..	..	..	..	..	..	306	(320)
Smoke Observations	..	..	..	..	..	..	86	(99)
Offices and Shops Act	..	..	..	..	..	..	1,490	(1,729)
Pest Destruction	..	..	..	..	..	..	297	(401)
Noise Abatement Act	..	..	..	..	..	..	114	(160)
Various Premises	..	..	..	..	..	..	6,010	(3,109)

956 (1,013) notices were served and 826 (860) notices complied with.

(The figures in brackets refer to 1968)

HOUSING

The policy of continued improvement of older houses was given further impetus by the passing of the Housing Act 1969. Not only were local authority grants increased to more realistic amounts but a procedure was introduced whereby controlled tenancies could become regulated when a house had been provided with modern amenities—bath, washbasin, sink, inside W.C. and hot water supply. This welcome step forward will enable more equitable rents to be recovered and encourage owners to spend money on their property. The decline of numbers of houses to rent continued however, as rented houses on becoming vacant came into the market. Even the prospect of better return for an owner's capital does not outweigh his inability to obtain possession of his property, perhaps for 2 succeeding generations of tenants except in the extremest of cases. However, the gradual transformation of the older property on becoming owner-occupied was very satisfying to observe in hitherto shabby areas.

Repairs to rented houses were enforced under the Public Health Acts—a procedure found to be most convenient. In no instance was an Order sought from the court for non-compliance with an Abatement Notice. Demolition Orders were made however on two British Rail owned houses which had deteriorated beyond repair. Closing Orders were also made on two basements which were extremely damp and which become flooded at intervals due to the surcharging of the Corporation's sewers during heavy rain, and on an outbuilding—originally a wash house—which had become unofficially converted to living accommodation at the rear of a house in multiple occupation. These properties remained closed for habitation but Closing Orders on 3 houses made in 1964 were determined following radical renovations and the provision of modern amenities.

It is seldom to an owner's advantage to oppose the making of Closing Orders on improveable property. The Council will invariably rehouse his protected tenant and provide him with vacant possession which he could not otherwise obtain. With grant aid he—or a speculating builder—can afford to spend money on the necessary repairs and improvements and usually make a very satisfactory profit on the venture. Unjust perhaps—especially when the reason for the making of an Order at the outset was because of the owner's longstanding neglect. The Council on the other hand have carried out a statutory duty in seeing that another fit house is provided in the area. The aim in Worthing is to ensure that the highest possible standards are maintained.

Multiple occupation is now widespread in the older and more pretentious residences not converted to nursing or convalescent homes. This is inevitable in residential resorts where there is an abundance of large roomed houses once occupied by large families with servants quarters. Standards of public health amenities—bathrooms, W.C.'s, hot water supply and so on—are generally good though some squalid circumstances are still encountered. Probably the greatest hazard in properties of over 2 storeys is the lack of means of escape in case of fire—especially where elderly people are concerned. This provision is enforced by the Borough Engineer's Department which has a former fire officer on its staff to advise on this specialised subject. The extensive multi-occupation does not appear at the moment to justify the use of the statutory registration powers now available to Local Authorities under the Housing Act, 1969.

Housing Inspections

Houses in multiple occupation	131	(165)
Total number of dwelling-houses inspected (Public Health Act or Housing Act)	430	(1,588)
No. of houses repaired after informal notice	157	(138)
Statutory Notices served:		
(a) Public Health Act, 1936 and 1961	10	(4)
(b) Housing Act, 1957	—	(2)
Defects remedied by:		
(a) Owner	8	(11)
(b) Corporation in default	—	(—)
Closing Orders made:		
Houses	1	(2)
Closing Orders determined:		
Houses and Underground rooms	4	(2)
Compulsory Improvements—areas:		
Areas declared	—	(—)
Immediate Improvement notices served	1	(13)
Suspended Improvement notices served	—	(36)
Undertaking accepted	—	(8)
Deferred (tenants purchasing or being improved)	4	(13)
Works completed	24	(17)
Compulsory Improvements—not in areas:		
Tenants' representations	—	(5)
Immediate Improvement Notices served	1	(1)
Undertaking accepted	2	(3)
Works completed	6	(11)

(The figures in brackets refer to 1968)

RENT CONTROL

This is so inextricably tied to housing standards that it merits especial comment this year. As rent control assumes political significance, it is the particular credit of the Government in 1969 that the new Housing Act contained provision for progressive decontrol of rents which hitherto remained sacrosanct. It is praiseworthy too that the criterion for decontrol is the provision of standard amenities in the house, which—provided the house is fit in other respects, justifies the issue of a qualification certificate by the local authority. This enables the owner to apply to the Rent Officer for the registration of a new rent. Even though initially the rent may not increase annually by more than 7/6d. a week, in most instances the effect of decontrol is that the rent may be reviewed every 3 years in the light of increased costs of maintenance. Four applications for qualification certificates from owners of houses to be improved were dealt with and it is anticipated that many more will follow. Controlled houses with existing amenities—where the rent already reflects the improvements—cannot be subject to decontrol until 1971 or 1972 depending on rateable value. For

the first time, the Act introduced provisions whereby an owner could improve his property and therefore qualify for rent increase, against the tenant's wishes—unless the latter could show that he was eligible for rate relief and therefore with insufficient income to pay more rent. These improvements for owners are commendable but still greater incentives are needed to encourage investment in houses for rent before this can be a viable financial undertaking.

A number of referrals from the Citizens' Advice Bureau into possible harassment of tenants by landlords, were investigated. No prosecution was taken however, but several warnings were given. In most instances the complainants had given some justification for the landlord's action but the proper legal processes to obtain possession must be followed and a court order for either furnished or unfurnished accommodation, must be obtained before evicting a tenant.

CARAVANS

The increasing popularity of this as a form of recreation was evident by the use of the Rugby Football Ground, Castle Road and the Football Ground, Woodside Road for periods of 5 weeks and 2 weeks respectively, by members of the Camping or Caravan Club of Great Britain. As these are exempted organisations, no special permission was required but the department gave assistance to ensure that no public health problems arose during their use. Both organisations exercise adequate control over their members and are anxious not to create problems. The apprehension of adjoining residents seeing large numbers of tents or caravans in their vicinity proved ill-founded and it seems likely both sites will be used again in 1970.

Uncontrolled caravanning of a different nature caused numerous complaints from residents near the undeveloped building land on a 77 acre site Goring. Caravans occupied by 12 adults and 6 children of vagrant families engaged in crop gathering, tarmac-ing and scrap metal dealing were undeterred by the usual threats or bribes to move on. The Council sought their only remedy by threatening to prosecute the landowners, who appointed a bailiff who eventually adopted more militant measures and the few remaining vehicles were ultimately towed away. The site is being rapidly redeveloped for housing and a repeat of the incident seems unlikely. Little—if any—progress appears to have been made by the County Council in setting up statutory sites under the 1968 Act for gypsy and similar travellers.

CLEAN AIR

Air pollution in the accepted sense is not expected to be a problem in a coastal resort which is principally residential in character. Any pollution from domestic coal burning grates is more quickly blown away than is the case with inland towns.

Smoke from domestic garden bonfires undoubtedly causes more nuisance—and is certainly more of a hazard to health in some people than other forms of combustion. Frequent enquiries by the public are made about the permitted periods during which bonfires may be lighted and as there is no statutory limitation it was necessary to draw up a pamphlet

clearly outlining the legal position and stating the suspected health risks. The pamphlet included references to alternative disposal—the advantages of composting where possible and giving times when garden refuse could be taken to the Council’s Hygiene Unit for disposal without charge. The Council supported the circularising of this pamphlet as appeared necessary. A copy also appeared in the local press and evoked a criticism from one resident about “name dropping” as the opening sentences referred to the potential carcinogenic content of bonfire smoke, and suggested this was unfounded. This had to be answered by quoting references to justify the assertion. No other criticism of the leaflet was received and it is believed to have achieved some improvement in increasing the awareness of the likely nuisance to neighbours.

Increased public attention was focussed on the smell which was noticeable on occasions from the antibiotic manufacturing processes at Beecham’s Research Laboratories. Planning permission for an extension of the fermentation plant was deferred until the effectiveness of the gas washing process recommended by consultants could be judged. On completion and in operation this merely showed that other processes in the manufacture were contributory to the smell which took on a slightly different aroma. Though no evidence whatsoever of prejudice to health was involved, the smell undoubtedly at times was a nuisance. The remedy will require persistent technical investigation to eliminate it.

There was no question of proceeding by way of the statutory nuisance provisions of the Public Health Act 1936 as Beechams clearly were in a position to plead that the “best practicable means” were being adopted. The matter continues to be investigated and it is felt that co-operation, coupled with continued pressure on the company—who are well aware of their social as well as legal obligations—is still the best course for the department to pursue.

Only 1 application for a new industrial fuel installation was large enough to justify formal notification under the 1968 Act for approval of chimney heights. Small installations and their flues, for which control can be exercised under Building Regulations, are examined in conjunction with the Building Surveyor. The only smoke and sulphur dioxide monitoring instrument which remains in operation as a control, did not reveal any significant change in pollution which could not be attributed to prolonged periods of milder weather.

**Average Quarterly Daily Smoke and SO₂ Readings
at Worthing Sites—1969**

Site	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
Health Dept.	52(61)	130(85)	12(14)	51(74)	9(9)	56(45)	39(88)	53(144)

(The figures in brackets refer to 1968)

All figures are in micrograms per cu. metre.

FOOD SUPERVISION

SAMPLING

Among the further controls introduced during the year were new regulations affecting canned meat, sausages and other meat products. Further minimum meat standards were laid down but the legislation which received the greatest publicity during 1969 was that prohibiting the use of cyclamates—calcium or sodium cyclamate used as artificial sweeteners.

The use of these was almost entirely restricted to soft drinks and the Food Additives and Contaminants Sub-Committee which had kept cyclamates under regular review, reported as recently as 1966 that amounts likely to be ingested would not be sufficient to have ill effect. Tests in the U.S.A. which involved feeding massive doses of cyclamates to animals over a long period, not surprisingly produced harmful results and there was public outcry for their prohibition. It is of little use in such circumstances pointing out that massive doses of many substances used in food could produce harmful results and the Minister, perhaps erring on the side of safety, made Regulations prohibiting cyclamates from the 1st January, 1970.

Informal sampling of food drugs and drink sold in Worthing and submitted to the Public Analyst, produced adverse comment in 13 instances—8% of the total. Most of these referred to technicalities of labelling, e.g. undeclared or inaccurate description of ingredients—which were usually resolved amicably. Somewhat mystifying, however, was the response by a reputable internationally known company that their description “national flavour” to canned dairy cream was justified by a secret process which enabled the canning process to be carried out without sterilizing the contents with its attendant effect on taste. The Public Analyst had reported on the misleading nature of this description. However, it was interesting to note that future labels would omit the reference to “natural flavour”. More disturbing were reports of 3.07 and 1.9 parts per million of arsenic in English pigs’ liver, the maximum permitted limit of which is 1 part per million. Efforts to trace the origin of the pigs—somewhere in East Sussex—were unsuccessful. 20 further samples revealed no similar content but Public Analyst’s reports from other parts of the country have disclosed similar results. It is believed that these could be caused by high arsenical content of feeding stuffs.

The discovery that an informal sample of rock—“mini-stick”—contained the prohibited colouring material “blue VRS”, sold in a multiple store from which similar stocks had been removed the previous year, led to formal samples being taken with prosecution in mind. Surprisingly these samples turned out to be satisfactory so the assumption was that the informal sample was a relic of previously withdrawn stock. Blue VRS is permitted in the U.S.A. and the manufacturers pleaded confusion in stock despatch.

All anomalies and irregularities were taken up informally with manufacturers or retailers concerned.

In common with many food and drugs authorities, the Council had been participating in a 3 year national sampling scheme of investigation into the amount and extent of pesticide residues in our foods. The Interim Report on the first year’s results showed that whilst traces of pesticides were present in a significant range of foodstuffs, the amounts were small and, in the main, well below the International Committee’s “acceptable daily intakes”.

Details of samples taken:—

			<i>Number of Samples</i>	<i>Genuine</i>	<i>Not Genuine</i>
Cream and Milk Products .. ..	..	..	13	12	1
Cheese and Cheese Products .. ..	..	..	11	11	—
Fruit and Vegetables .. ..	..	..	2	1	1
Minced Meat and Meat .. ..	..	..	23	21	2
Ice Cream .. ..	..	..	6	6	—
Sweets .. ..	..	..	7	6	1
Spirits, Wines and Beer .. ..	..	..	4	4	—
Butter and Margarine .. ..	..	..	7	7	—
Medicine and Drugs .. ..	..	..	40	37	3
Cream and Sugar Confectionery .. ..	..	..	1	1	—
Cordials and Health Drinks .. ..	..	..	10	8	2
Miscellaneous Spiced Foods .. ..	..	..	5	5	—
Jams .. ..	..	..	2	2	—
Sausages, Meat and Chicken Products .. ..	..	..	21	18	3
Miscellaneous .. ..	..	..	6	6	—
TOTAL ..			158	145	13

FOOD COMPLAINTS

Consumer complaints of unsound food rose dramatically by 50% to 75 and in addition there were 13 complaints which were not confirmed. A major contribution to this was the large number of instances of mouldy bread, confectionery and pies during the remarkable long spell of warm weather in July and August. This undoubtedly affected the keeping qualities of bread and pastry in shop and home as these commodities are best kept in cool rather than refrigerated circumstances. All retailers were circularised reminding them of the need for strict attention to stock rotation.

Complaints covered a wide range of foods including exotic meals—Chinese chop suey, Indian curry—down to the more fundamental fish and chips. Insects or larvae were the cause of 11 complaints and foreign matter which could in some way be associated with production, 25 complaints. The presence of the roundworm *filaria bicolor* in codfish—not uncommon and quite harmless but disturbing—resulted in 3 complaints.

Suspected glass in a tin of grapefruit sections was quickly resolved when it was confirmed to be naringin crystal formation peculiar to citrus fruit under certain circumstances. The most revolting complaint was of an adhesive plaster found in a package of sausages manufactured by a national company of repute who are known to adopt seemingly every possible precaution in manufacture. After some deliberation and considering the absence of previous complaints and bearing in mind the reluctance of the complainant to testify, the Committee decided to take no formal action. Only slightly less revolting than this incident was the presence of foreign matter in medicine which had been made up on prescription by a local chemist. The Public Analyst indentified this as hair, an insect and other foreign matter as a result of a dirty bottle. Complaints of mouldy blackcurrants and walnuts led to stocks of these being seized and destroyed. The greengrocer was warned that a future offence would result in prosecution.

All complaints were carefully investigated—sometimes at great length—to establish the guilt. All compaints were seen to be adequately compensated—a circumstance which does not necessarily occur if a prosecution is taken. One prosecution, however, was started at the end of the year following the sale of mouldy sweets from a multiple store.

Particulars of the food complaints were:—

Unfit Food

(Deterioration or mould)

Fruit and fruit products	3	(4)
Sweets	2	(1)
Milk and milk products	4	(1)
Biscuits	1	(1)
Cakes	1	(3)
Meat and meat products	8	(4)
Bread and bread confectionery	18	(2)
Eggs	1	(4)
Fish	2	(—)

Foreign Matter Found

Milk and milk products: Wasp, burnt starch, grit, plastic disc, paint, glass, rubber	7	(2)
Bread and cakes: Old dough (3), insect, rivet	5	(3)
Fruit and jam: Insect, metal washer, glass	3	(2)
Fish: Parasites (3)	3	(—)
Cereals: Insects	1	(1)
Meat and meat products: Hair (2), finger plaster, staple, insects (2)	10	(—)
Sweets: Rubber, ant, grease	3	(—)
Drugs	1	(—)

Incorrect Labelling

Fruit	1	(—)
Fish	1	(—)

OTHER FOOD INSPECTION

The Imported Food Regulations 1968 establish a duty on any local authority to satisfy themselves that imported food which may be consigned to their district, is fit for human consumption. These Regulations have been introduced following the increasing importation of food in sealed containers on vehicles which are driven from the exporting manufacturer direct to the importing distributor's premises. It is not possible for port health authorities to inspect their contents and so every authority may have to exercise what was previously a port health function. It is expected that the increasing use of containerisation will impose these duties on the department in future.

Most of the food inspected for fitness during the year, was at retailers' request. Principally the circumstances concerned refrigeration equipment failure where claims for insurance were being made. This is one of the most difficult food inspection decisions to make now that the preservation of foods by freezing covers such a wide range. Not only must the Inspector consider the nature of the food and its potential food poisoning capabilities, but the time within which the food is likely to be sold and consumed. Frequently thawed food encountered in these incidents is perfectly fit to eat and if this were done within a few hours, it would be safe to release it. In the absence of this guarantee, it must be destroyed. Certainly it would not be of the nature, substance or quality demanded by the customer in its thawed state and is regarded as unsaleable by the shop-keeper. Common sense is needed in these refrigeration failure decisions—to ensure protection for the public and yet avoid wasting food on the other hand. 3 tons 1½ cwt. of refrigerated food had to be destroyed during the year as a result of electrical failures. A consignment of potatoes weighing 2 tons 17½ cwt. was also condemned because of blight. The total condemnations of food other than meat at the slaughterhouse—amounted to 8 tons 1¾ cwt. and all was disposed of either by incineration or by tipping at the Council's Hygiene Unit.

MEAT INSPECTION

The amount of meat produced in Gunner's Slaughterhouse rose during the year—12,793 animals were slaughtered compared with 10,565 in 1968. This was due almost entirely to an increase in pigs. As a result, the income from meat inspection charges—2/6d. for cattle, 9d. pigs and calves and 6d. for sheep—increased by £69 to £499 9s. 9d.

The decline in tuberculosis continued as in previous years and infection was restricted to pigs heads. Other reasons for condemnation followed the usual pattern and apart from pathological emaciation of carcasses, rejection for parasitic infestations was dominant. Specimens of 2 sheep's livers were sent to the Ministry of Agriculture's Investigation Centre for further information. In one instance the total absence of flukes in an otherwise typical flukey liver was confirmed to be as a result of an anthelmintic—destructive to worms—administered rather too late to prevent damage to the liver—and another unusual formation was attributed to a tapeworm of the *moniezia* species, not commonly encountered in slaughterhouses. The intermediary host of this is said to be a mite and not the cat or dog which are more usually associated with tapeworms of food animals. Also in one or two instances, Dr. Shore, consultant pathologist at Southlands Hospital, proved indispensable in quickly confirming carcinoma formation in tissues, the identification of which was in doubt. This interest and ready co-operation with the Inspectors is much appreciated.

The slaughterhouse continued to function without complaint from occupiers of houses in close proximity. The buildings are antiquated—almost 100 years old—but are as well maintained as possible under the circumstances and comply with the Hygiene Regulations. Regular visits are made by the Ministry's Veterinary Officers. Public Health Inspectors made 458 visits for meat inspection and one is always present when slaughtering is carried on.

The following table is prepared in accordance with the Ministry requirements:—

Carcases and offal inspected and condemned in whole or in part

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected...	444	85	388	1,708	10,168
<i>All diseases except Tuberculosis and Cysticerci :</i>					
Whole carcasses condemned...	—	18	23	6	105
Carcases of which some part or organ was condemned ..	155	31	10	96	2,031
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	34.9%	57.6%	8.5%	6.0%	21.0%
<i>Tuberculosis only :</i>					
Whole carcasses condemned...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	—	66
Percentage of the number inspected affected with tuber- culosis	—	—	—	—	0.7%
<i>Cysticercosis :</i>					
Carcases of which some part or organ was condemned ...	2	—	—	—	—
Carcases submitted to treat- ment by refrigeration ...	—	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—

DISEASES OF ANIMALS ACTS

No activity occurred in connection with the administration of these Acts during the year. Routine Movement Licences were received in accordance with the requirements of the Regulations of Movement of Swine Order 1959 for 1,622 pigs entering the Borough. These were all slaughtered.

MILK AND MILK PRODUCTS

Public health interest in heat treated milk from a bacteriological point of view is now largely academic thanks to the efficiency of modern pasteurisation plants. Samples must still be taken occasionally to check on compliance with licence conditions, chemical composition and the presence of antibiotics, but the need for regular and extensive sampling coverage is no longer evident. Dairies also employ their own laboratory staff to ensure the observance of contractual conditions of their suppliers, apart from anything else.

The once common practice of deliberate adulteration of milk by watering is now rare—and is more detrimental to the dairies to which it is supplied than to the general public. The presence of antibiotics appears to be on the wane and the main risk to health from milk continues to be from brucella abortus which produces brucellosis or undulant fever in man. As heat treatment kills this organism, the risks are almost entirely limited to raw milk consumers—mostly farm workers and their families. Farm bottled (i.e. untreated) milk may still be sold but it is pleasing to report that there are now no sales of this in Worthing.

One case of brucellosis (Brucella Type 1) was reported in a trainee farm worker who worked on a farm in the rural district. It was not possible to determine whether this was contracted from milk or from contact with aborting cows—of which there had been several on the farm. The illness was of minor severity but prolonged, and caused interruption with the patient's work.

The number of positive raw milk samples remained almost unchanged from previous years, and despite notifications to the various Ministry departments, the same producers names cropped up time and again. As the milk is sold pasteurised to the public, no local authority action can be taken and only farm workers and their families are at risk. It is hoped that the Ministry's eradication scheme with incentives for brucella-free herds, will be greatly accelerated. Selected samples are taken from the 158 producers' churns on delivery at South Coast Dairies, which pasteurise 12,000 gallons of milk daily.

Details of licences and samples taken for statutory and biological tests are given:—

Licence holders:

Dealers "Untreated"	..	..	—
„ "Pasteurised"	..	..	1
„ Prepacked Licences	..	..	112

Biological sample Results:

		1966	1967	1968	1969
No. of samples examined for					
organisms	.. ..	38	238	207	185
M. Tuberculosis—Positive	..	—	—	1	—
Brucella Ring Test—Positive					
and weakly positive	..	—	25	22	25
Brucella Abortus—Positive	..	—	4	13	17
Brucella Melitensis—Positive	..	—	—	—	—

Samples submitted for turbidity phosphatase, methylene blue and penicillin presence tests:—

Designation	No. taken	Unsatisfactory
Untreated	37	4
Pasteurised	70	2
Sterilised	12	—
Penicillin presence	205	—
Ultra Heat Treated	7	—

ICE CREAM

Sampling acts as an indicator of the bacteriological cleanliness of this commodity and though no statutory tests can be applied, opportunities can be taken to use poor results to improve cleansing techniques. The large number of poor samples—in grades 3 or 4—were largely of soft ice cream and these increased in warm weather. The necessary routine for cleaning and sterilising equipment is vital but it is questionable whether this is properly exercised especially on vehicles. It is only the rapid turnover which prevents conditions arising conducive to bacterial growth.

Results of samples taken for bacterial quality were:—

<i>Taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
59	21	16	10	12

13 iced lolly samples proved satisfactory.

POULTRY INSPECTION

Production of poultry is at present of negligible proportions. One of the two establishments where the greater amount of poultry slaughtering took place, closed during the year. The remaining business combines retail greengrocery and egg production with a very small number of roasting birds slaughtered and dressed on demand. As slaughtering is spasmodic, no inspection is carried out by the department. There have been no complaints or known instances of birds being sold from the premises otherwise than in a condition fit for human consumption.

(1)	Number of poultry processing premises within the district	...	...	...	...	1
(2)	Number of visits to these premises	...	...	...	...	5
(3)	Total number of birds processed during the year	...	...	...	...	250
(4)	Types of birds processed—capons and boilers	...	...	...	...	—
(5)	Percentage of birds rejected as unfit for human consumption	...	...	...	...	less than 1%
(6)	Weight of poultry condemned as unfit for human consumption	...	...	...	...	less than $\frac{1}{4}$ cwt.

FOOD HYGIENE AND FOOD PREMISES

Two classical incidents of food poisoning which were attributed to the lack of continuous temperature control of protein food, were investigated during the year. The causative organism in both was confirmed to be a coagulase positive staphylococcus.

The first incident occurred in May when 60 employees of a large insurance company developed varying degrees of sickness and diarrhoea some 3 to 4 hours after their canteen lunch. 15 were badly affected by these symptoms. The suspected food—trifle—had been supplied with the rest of the meal by local contractors who on hearing of the symptoms, recalled all remains of the meal and destroyed them before the department had been notified. Remains of the trifle were however sent to the trade association's own bacteriological department which later confirmed the presence of staphylococci in the cream filling, custard and sponge. All

patients quickly recovered and none required medical treatment. The department was notified of the incident by the insurance company's general manager. Investigations revealed that the gelatine syrup was kept at ambient temperatures for long periods in the warm bakery and the sponges in trifle preparation were dipped into this mixture by hand. This practice was changed and greater control was introduced over the storage of the ingredients.

The second incident occurred in August and concerned 38 elderly people who were visiting Worthing for the day from a Kensington church group, at the invitation of a local church. Within 3 hours most of the group became ill and 11 had to be taken to Worthing and Foredown hospitals. Bacteriological examinations revealed that staphylococci intoxication was again the cause of the illness and organisms were isolated from remains of the cold beef, ham and tongue, which formed part of the lunch served in the church hall. Enquiries showed that the food had been cooked in the volunteer church workers' own domestic kitchens and contamination occurred somewhere during preparation. Long periods of storage at ambient temperature during a particularly warm spell of weather undoubtedly provided ideal conditions for bacterial growth. In neither incident was it possible to isolate the actual source of the contamination but both illustrate the vital importance of keeping susceptible foods under controlled temperatures especially during periods of warm weather.

The seasonal increase of population in coastal resorts inevitably results in greater pressure on the services in food shops and catering establishments. This may be commercially advantageous but public health risks are heightened when food preparation is carried out under stress conditions with casual or poorly trained personnel at a time of year when storage and ventilation conditions are at their most difficult for good hygiene. Retail food shops were able to maintain satisfactory standards throughout the year but the cleanliness of some catering establishments suffered during busy periods. 8 summonses were taken out against the proprietor of one guest house for contraventions of the Food Hygiene (General) Regulations 1960 but were not proceeded with on the acceptance of undertakings to discontinue business. One restaurant which had been marginally satisfactory for some years was the subject of a further prosecution for 15 offences. Three court hearings took place before the defendant was confirmed to be carrying on the business—and not merely acting as manager—and found guilty. In view of his withdrawal from the business he was given a conditional discharge on payment of 10 guineas costs and had the temerity to retort at the judgement—"You call this British justice".

Lectures and films on food hygiene were again given by the department to catering students at the College of Further Education—most of whom obtained the Diploma of the Royal Institute of Public Health and Hygiene.

GENERAL FOOD PREMISES

<i>Kinds of Business</i>	<i>No.</i>
Restaurants, Cafes and other premises selling meals and drink	493
Grocers, Dairy Shops	146
Butchers, Fishmongers and Fish Fryers	93
Fruiterers, Greengrocers	79
Bread and Flour, Confectionery	60
Confectioners, Tobacconists, etc.	131

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

The only registered premises continued to operate as it has for many years. 4 samples of filling materials were taken and 1 proved bacteriologically sub-standard. This was taken up with the suppliers who adopted improved handling methods.

NOISE ABATEMENT

Public awareness of noise as an increasing threat to the environment as a whole, is slow to develop but clamorous complaints to the local authority result when noise affects personal circumstances and—in particular—possible property devaluation. Even so it is only the steady pressure of public opinion which has made the aircraft industry become more noise conscious and to consider noise reduction in engine design. Whilst aircraft noise affects only a small proportion of the population of the country, increasing noise from motor traffic is universal. Until greater statutory control is able to be exercised over this, it is difficult to persuade individuals to consider their own noise potential behaviour seriously.

Informal pressure or advice was employed in dealing with the 114 complaints made by individuals of noise nuisance. In some instances, slight improvements only were effected and if it was felt that the “best practicable means” defence could be successfully used in the case of a business, it would have been unwise to attempt statutory action. In most instances it would be true to say that co-operation was obtained and recommended measures were adopted. Sometimes only the complete stoppage of the activity will effect permanent remedy and an example of this was the noise from ventilation fans from the storage premises of distributors of mushroom spawn. Due to the design of the adjoining buildings—not in the company’s ownership—the noise was contained and caused nuisance to part of the premises of one nearby resident. Baffles and other attempts at suppression were barely effective. It is likely that this part of the business may be discontinued.

Increasing noise complaints are being experienced from residents near clubs where a combination of nuisance noises may occur, e.g. noise from the premises, amplified music, noises of persons entering and leaving and vehicle departure late at night. A petition complaining about one club in the centre of the town was able to be resolved by sound proofing part of the premises, but solutions are not always so easy and some restriction of hours of opening is necessary as well. Despite the value of scientific measurement and the use of recommended noise levels, litigation can only be successful on the quantity and quality of personal evidence. The outcome of actions for noise nuisance is by no means certain and it is felt that the best policy is to endeavour to effect improvement informally.

A survey of houses in an area most likely to be affected by the 24-hour noise from Beechams Research Laboratories was carried out. The results of this and of sound level measurements using the criteria outlined in British Standard 4142 procedure, showed that there was no real ground for complaint. Nevertheless noise levels were approaching those contained in the Standard and representations were made to the Company to ensure that “creeping noise” did not exceed the criteria.

RODENT CONTROL

Sewer baiting using fluoracetamide direct poisoning in selected areas, has proved effective in minimising surface infestations and reducing complaints. A total of 440 manholes were treated in June and August and though revisits were not made to estimate the kill by bait taken, reports from the sewage treatment section of the Hygiene Unit pointed to the success of the exercises.

Worthing residents are commendably quick to report a sighting of rodents whose permanent presence however is ensured by the abundance of available food. Food waste left on the beach and recreation grounds makes certain the existence of rats nearby who would not otherwise choose to remain. The exercise of dogs in these areas makes extensive poison baiting difficult and great care has to be adopted. It is to the credit of the Council's operators that so few canine casualties have occurred over the years which were attributable to their activities.

Warfarin continued to be the principal poison used though general immunity to its anticoagulant properties cannot be far off. Alphachloralose narcotic is still found to be effective in dealing with certain infestations of mice where Warfarin is unsuitable.

Details of work done: —

No. of complaints—Rats	...	...	...	...	498	(497)
Mice	...	...	...	...	259	(252)
No. of premises cleared of rodents	...	...	...	...	723	(741)
No. of visits	...	...	...	...	2,613	(2,734)

(The figures in brackets refer to 1968)

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district ..	42,093	44
2. (a) total number of properties (including nearby premises) inspected following notification	1735	—
(b) Number infested by (i) Rats ..	463	—
(ii) Mice ..	234	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	729	95
(b) Number infested by (i) Rats ..	75	19
(ii) Mice ..	17	11

GENERAL PEST CONTROL

Frequent requests are received for assistance in dealing with domestic pests and surprisingly in these days of high standards of general cleanliness, these still include bed bugs and fleas. The former can possibly be attributed to foreign travellers and the latter undoubtedly are mostly of animal origin. The prolonged summery weather proved ideal for wasp productivity and 230 nests were destroyed at a charge of 7/6d. each.

Principal among complaints were pigeons—feral and wood—which are becoming a major urban pest. The Council's contract with Rentokil was renewed and over 500 birds were destroyed by trapping or shooting. This is small compared with the resident population. Unfortunately control measures must be restricted to have regard to public reaction, though more people are beginning to realise the serious nuisance caused by these birds.

The perennial beach fly was less of a nuisance until the latter weeks of the year because of the absence of seaweed.

COMMON LODGING HOUSES

There are no registered premises in the borough.

MISCELLANEOUS ACTS

Visits were made in connection with the Riding Establishments Act, 1964—4 licensed premises—Scrap Metal Dealers Act, 1964—13 registered persons—Animal Boarding Establishments Act, 1963—3 licensed premises and Pet Animals Act, 1951—9 licensed premises.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The activities under this Act have now become a matter for routine enforcement and apart from safety precautions and accident prevention, it has lost its novelty. Inspections for the observance of standards reveal the usual crop of minor contraventions—missing soap or towels or first aid equipment not fully maintained—usually because no one has been deputed to be responsible for these maintenance matters.

Regulations bringing the mechanical condition of hoists and lifts in offices, shops and similar premises within the scope of the Act, were introduced during the year. These are now identical with the requirements for factories which have been controlled for some years. Many of the smaller service lifts of the “dumb waiter” type in hotels and restaurants have had to be adapted. An examining engineer of mechanically operated lifts must now send a copy of any unsatisfactory report to the local authority. Three such reports were received—2 of these lifts were rectified and the remainder was the subject of an undertaking to discontinue use.

The investigation of notified accidents, i.e. where an employee is disabled for more than 3 days—showed that very few could be attributed to unsatisfactory working conditions. Mostly it was impossible to determine how an employee slipped on an apparently sound, well lit floor surface or suffered a strain whilst undertaking some simple operation which had been carried out a dozen times a day for years.

It will be some time before basic safety measures are incorporated in the manufacture and design of some equipment used in offices and shops. Adaptations to meet safety requirements are seldom entirely satisfactory and frequently result in the use of the machine without the guards.

Statistical details and a narrative report of the year's work have already been sent to the Department of Employment and Productivity, in accordance with the requirements of the Act.

Analysis of Persons Employed in registered premises by workplace:—

Class of workplace	Number of persons employed
Offices	4,147
Retail shops	3,985
Wholesale departments, warehouses ...	354
Catering establishments open to the public ...	904
Canteens	79
Fuel storage depots	—
Total	9,469
Total males	3,915
Total females	5,554

Analysis of Contraventions:

Section	Number of contraventions found	Section	Number of contraventions found
4	Cleanliness 3	15	Eating facilities .. —
5	Overcrowding —	16	Floors, passages and stairs 15
6	Temperature 17	17	Fencing exposed parts of machinery 4
7	Ventilation —		Lifts and Hoists ... 3
8	Lighting 5	18	Protection of young persons from dangerous machinery —
9	Sanitary conveniences .. 21	19	Training of young persons working at dangerous machinery —
10	Washing facilities .. 13	23	Prohibition of heavy work —
11	Supply of drinking water —	24	First aid—general provisions 24
12	Clothing accommodation —		
13	Sitting facilities .. 1		
14	Seats (sedentary workers) —		
			Total 106

FACTORIES ACT, 1961

Enforcement of the greater part of the Act is in the hands of the Factory Inspectorate but the provision of sanitary accommodation remains with the local authority, possibly because of the likelihood of more frequent supervision for this basic necessity. For the first time for many years, proceedings were authorised under section 7 of the Act by the Council and these were against the occupier of a laundry. The work was satisfactorily completed before the court hearing.

Most of the 349 factories in the town are small, employing no more than 2 or 3 dozen people. Beecham Research Laboratories continues as the largest factory employer with over 1,000 employees.

Details of action taken during the year:—

Factories Act, 1961—Part I of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors):—

Premises	Number on Register	Number of Inspections	Written Notices
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	21	20	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	328	313	24
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	21	23	2
TOTAL	370	356	27

2. Cases in which DEFECTS were found:—

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1.)	14	8	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	2	—	—	1
Ineffective drainage of floors (S.6)	1	—	—	—
Sanitary Conveniences (S.7)				
(a) insufficient	1	2	—	—
(b) unsuitable or defective	28	14	—	1
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	7	5	—	1
TOTAL	53	29	—	3

Outworkers

Seven firms employ 41 persons working in their own homes, whose names and addresses are required to be notified to the Council. In the event of work being carried on in unsatisfactory premises, the Council has power to require its discontinuance.

Part VIII of the Act

Outwork

(Sections 110 and 111)

	Section 110			Section 111		
Nature of work	No. of out-workers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel	41	—	—	—	—	—

WORTHING CREMATORIUM

The second year's operation of the crematorium confirmed that it has filled a long felt need. An additional cremator and a further chapel were put into operation during the year as it soon became obvious that the existing facilities were inadequate for the demand. The completely natural environment in the heart of the countryside, but convenient to Worthing, has made an ideal situation for this amenity.

Your Medical Officer of Health, his Deputy and Assistant are all Medical Referees for the purposes of the Cremation Acts and Regulations, and during the year 3,034 sets of cremation papers were checked compared with 2,606 the previous year.

MORTUARY

Provision for a new mortuary has been included in proposals for future hospital extensions, but for some years it is expected that the present public mortuary will continue to be used. Though lacking in refrigeration, it is as well equipped as many similar buildings and is increasingly used by adjoining districts. 308 post mortem examinations were carried out by the Police Surgeon or hospital pathologist compared with 279 in 1968. 51 (47) of these were on persons formerly residing outside the borough.

DRAINAGE, SEWERAGE AND REFUSE DISPOSAL

Further flooding of basements and other parts of the central area following prolonged rain, again showed the urgent need for trunk foul water sewer relief. One family had to be evacuated from a basement in Heene Terrace one Sunday morning when sewer surcharge resulted in flooding to a

depth of 1 foot. Even though this subsided within 24 hours, the effects remained and a Closing Order was applied to the accommodation. The Ministry of Housing and Local Government approved the Borough Engineer's sewer relief proposals and the preliminary investigations were put in hand. It is expected that the whole scheme will take 3 years to complete.

Progress in reducing the number of properties still drained to cesspools because of the unavailability of public sewers, was slow and only 7 premises were connected to sewers. Attempts to drain property by private sewer constructed by mutual co-operation, frequently fail because of one or two objectors. No powers of compulsion are available where the owners choose to put cesspools in order, unless the Council bear the whole installation costs themselves.

Treatment of sewage at East and West Worthing works continues to be effective so that a satisfactory effluent is discharged to sea. Compost from the Head Wrightson plant was disposed of by tipping and the unit operated without causing nuisance to nearby residents. There was no evidence of beach pollution by sewage—an impossibility now with effluent from the two Worthing outfalls.

WATER SUPPLIES

The water supply undertaking is owned and managed by the Borough Council. I am indebted to the Water Engineer, Mr. H. A. Leader, for the following report:—

1. Examination of all water samples has been carried out in the laboratory of the Brighton Water Department.

2. The water supply of the area has been satisfactory in quantity and quality during the year.

3. Bacteriological examination of the raw waters was made at weekly intervals except at Burpham Pumping Station where samples were examined daily. The treated waters at all stations have been examined on a similar basis. The total number of raw and treated water samples taken from the pumping stations together with a summary of the bacteriological results obtained is shown below:—

	Raw Water	Treated Water
No. of samples examined	1,180	1,094
No. showing presence of Coliform Organisms in 100 ml.	677	5
No. showing E. Coli present in 100 ml.	639	4
No. showing Coliform Organism absent from 100 ml. ...	503	1,089

Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been made on five samples of each of the Undertaking's sources.

Bacteriological examinations together with chloramine determinations have also been made on 253 samples of water from service reservoirs. Of this total, 1 sample gave positive results.

A total number of 3,044 samples were examined during the year, 8 of which were deposits.

4. Since all waters are obtained from the chalk there is little likelihood of any plumbo-solvent action and no evidence of such action being apparent.

5. Chlorination with or without post-ammoniation of all raw waters is practised continuously with the exception of the pumping stations at Northbrook, Stanhope Lodge and Burpham Nos. 3 and 4 boreholes where super- and de-chlorination is utilised before the addition of ammonia to form chloramine in the final treated water.

6. 38,992 domestic properties in the Borough are supplied from the Corporation's Water Undertaking, the population totalling 83,100.

No dwellings in the Borough are supplied by means of a stand-pipe.

7. The natural fluoride content of the water lies between 0.07 and 0.08 milligrams per litre.

SWIMMING BATHS

The popularity of the Aquarena continues and regular coach loads of bathers travel from neighbouring counties to enjoy the facilities. Whilst it is a great improvement on the old Heene Road baths, unsatisfactory features of basic design have become apparent which not only add to the contamination in the pool, but which do little to reduce the risks of the spread of foot infections. The latter will have to receive further consideration.

Routine samples of the pools show that mainly the water was of an acceptable bacteriological standard but complaints of eye discomfort after using the Aquarena were received from time to time. The dissipation of residual chlorine by heavy bathing loads no doubt assisted by the heat generated on occasions in the atmosphere of the pool by the large glazed area of the building, necessitates careful regulation of chlorination. Unsatisfactory sample results from outside pools, indicated below, were due to a breakdown in the chlorination and filtration plants.

Samples taken:—

			<i>No. taken</i>	<i>Unsatisfactory</i>
Aquarena (large and small)	...	...	50	—
Beach House paddling pool	...	...	8	—
The Lido	...	...	10	1
Boys' High School baths	...	...	3	—
Selden Primary School	...	...	1	—
Vale Primary School	...	...	1	—
Swandean Hospital	...	...	2	1

I am obliged to Mr. David Easton, Director of Entertainments and Publicity for the following statistics for attendances at the Aquarena: —

Public attendances	...	...	...	...	219,560	(251,034)
Borough and County Schools			...	...	55,860	(59,266)
Private Schools	...	...	...	...	1,768	(1,565)
Club Night attendances		...	...	...	71,965	(70,130)
Swimming Galas	...	...	...	...	10,800	(7,300)
TOTAL					359,953	(389,295)

The public attendances comprised: —

Adult Swimmers	...	...	...	...	67,976	(75,923)
Child Swimmers	...	...	...	...	124,098	(140,837)
Spectators	...	...	...	...	27,486	(34,274)
TOTAL					219,560	(251,034)

(The figures in brackets refer to 1968)

Part IV.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

The number of children on the rolls of maintained schools at the end of 1969 had risen slightly compared with the previous year:—

Type of school	Number of schools		Number on roll	
	1968	1969	1968	1969
Primary	15	15	5521	5707
Secondary :				
Grammar	3	3	1844	1835
Modern	5	5	2760	2831
Special	1	1	139	138
Fitz-Alan Howard Centre ...	—	1	—	6
Total	24	25	10264	10517

The children attending the special units (the partially hearing at Downsbrook Primary School and the emotionally disturbed at the Remedial Centre) are included in the above figures. Those attending the Remedial Centre, whether part-time or full-time, remain on the registers of their own schools.

In addition to the 24 maintained schools and the Fitz-Alan Howard Centre, there were in Worthing in 1969 five independent schools providing full-time education (day or boarding) for 910 pupils whose ages ranged from 4 to 18 plus. This excludes the 30 private day nurseries and child minders some of which have nursery school facilities.

MEDICAL INSPECTION

The arrangements for the medical examination of school children remained unchanged, every child being seen routinely at least three times during school life, normally at 5-6 years, 11-12 years and at 14 plus.

Under the 1944 Education Act a Local Education Authority may make available to independent schools some or all of the facilities of the School Health Service, and medical inspections are now being regularly carried out at Broadwater Boys' Preparatory School, the girls' school of the Convent of Our Lady of Sion and the Lindens School.

At medical inspections the school doctors look for abnormalities and defects, and if necessary arrange for further observation or treatment. Sometimes reference to a hospital specialist is necessary. In every case the family doctor is kept fully informed.

In addition to the three routine medical inspections, children may be given a special examination at the request of the teacher or parents when there is some particular matter for concern. These special examinations may be done in the school or at the clinic.

Defects found at an examination which do not require treatment are usually noted for observation in a year's time. Pupils receiving treatment or with defects requiring observation are re-examined yearly.

At periodic medical inspections 3,127 pupils were examined compared with 2,751 in 1968. The general physical condition was again recorded as satisfactory in 100%. At these inspections 335 children (10.7% of those examined) were found to require treatment for some condition. As in previous years the commonest defect discovered was impaired visual acuity. 171 such children were referred for treatment—51.0% of those with defects and 5.5% of all who were examined.

Vision testing is carried out at the three routine inspections during a child's school life, and also in addition at age 8, 16 and 17 (if still at school). All children found to have defective vision are seen yearly until known to be under the regular care of an ophthalmologist or optician, should this be necessary.

Every endeavour is made to test the vision of very young children. This may not be easy because they are often too shy to co-operate, or they may not yet know their capital letters. By using an "E" card or picture card, however, reasonably accurate testing can be done, though sometimes great patience is needed.

The following table gives the numbers and percentages of children examined and requiring treatment over the past five years:—

Year	No. of children examined	Total No. requiring treatment	% requiring treatment	No. with visual defects requiring treatment	% with visual defects requiring treatment
1965	2443	286	11.7	194	8.0
1966	2924	292	10.0	190	6.5
1967	2709	275	10.1	172	6.2
1968	2751	314	11.4	189	6.8
1969	3127	335	10.7	171	5.5

Table A on page 108 shows the number of children referred for treatment in the various age groups.

In 1969 special inspections numbered 69 and re-inspections 507 (see table B on page 108).

Table D on page 109 gives the number and type of defects found at both periodic and special examinations which required treatment or observation.

Cleanliness Inspections:

These are carried out by the school nurses every term in the infant and junior schools. Routine examinations of secondary school children have not been made since 1955, though individual older pupils are seen from time to time and classes of children of any age are examined at the request of a Head Teacher.

In 1969 3,925 individual examinations were made and 16 pupils were found to be infested with head lice or nits. The table below shows the pattern over the past 10 years and indicates there is still a need for these inspections.

Table C on page 108 gives further details.

Year	Total number of individual examinations	Total number of individual children found to be infested
1960	4,452	15
1961	5,871	24
1962	4,267	6
1963	5,772	8
1964	10,724	5
1965	8,446	7
1966	6,325	4
1967	4,565	9
1968	3,525	8
1969	3,925	16

MEDICAL TREATMENT

School Clinics:

Except for the Child Guidance Clinic, all are held in the main clinic premises in Stoke Abbott Road behind the Town Hall. The services are also available to pre-school children under section 22 of the National Health Service Act, 1946; and the statistics are given separately on page 41 et seq. In the tables and figures which follow the numbers include both pre-school and school age children.

(a) *Minor Ailments Clinic*:

A clinic is held each morning to deal with common minor infections of the skin, eye or ear. The children are normally referred from school medical inspections, or are sent in by teachers or health visitors. Sometimes they are brought along by parents. In common with the rest of England, attendances at minor ailment clinics have fallen during the past few years—in fact since the start of the National Health Service. However, these clinics also form a useful clearing house for the preliminary investigation of all types of defect. During the year 67 children made 293 attendances. A comparison with earlier years is shown below:—

Total number of attendances:

1960	..	..	..	..	387
1961	..	..	..	..	303
1962	..	..	..	..	160
1963	..	..	..	..	168
1964	..	..	..	..	170
1965	..	..	..	..	186
1966	..	..	..	..	200
1967	..	..	..	..	225
1968	..	..	..	..	133
1969	..	..	..	..	293

In 1947, a year before the National Health Service came into operation, there were 6,193 attendances.

(b) *Physiotherapy Clinic:*

The physiotherapist holds sessions in the clinic on three afternoons and one morning each week. Children are referred for treatment by the school doctors and by general practitioners.

The following figures summarise the work of the physiotherapist during the year:—

New patients treated	..	..	50 (127)
Old patients treated	..	..	33 (17)
Total number treated (new and old)			83 (144)
Total number of attendances	..		528 (517)

(The figures in brackets refer to 1968)

(c) *Eye Clinic:*

This is held every Friday afternoon. Refraction is carried out and spectacles prescribed when necessary. Most of the children seen have impaired vision due to refractive errors. Some have squints. During the year 13 children with squints needed operative treatment and many were treated by the orthoptist (see below).

Number of sessions	..	..	35 (39)
New patients seen	..	..	129 (182)
Old patients seen	..	..	241 (199)
Total number seen (new and old)			373 (381)
Total number for whom glasses prescribed	..	..	93 (91)
Total number of attendances	..		417 (469)

(The figures in brackets refer to 1968)

(d) *Orthoptic Clinic:*

Treatment by the orthoptist is given in the clinic on Wednesday and Thursday mornings, and all day on Monday. The children concerned have all been referred by a Consultant Ophthalmic Surgeon.

Orthoptic treatment consists essentially of stereoscopic exercises for the muscles controlling eye movements in an attempt to give binocular vision. The instruments used for this are called synoptophores. A squinting eye, untreated, may cause double vision, but more usually vision is suppressed and the eye becomes useless and blind for all practical purposes. Treatment is most effective between the ages of 4 and 6.

Number of sessions	..	..	146 (141)
New patients treated	..	..	72 (61)
Old patients treated	..	..	56 (73)
Total number treated (new and old)			128 (134)
Total number of attendances	..		355 (416)

(The figures in brackets refer to 1969)

(e) *Speech Therapy Clinic:*

The Speech Therapist devotes six of her ten sessions to children attending Worthing schools. Details of the work are as follows:—

Number of children referred by

(a) School doctors	..	..	..	19	(34)
(b) Teachers	..	..	..	31	(60)
(c) Others	..	..	..	50	(24)
				—	100 (118)

Number of sessions held

(a) In Clinic	..	..	..	36	(35)
(b) In George Pringle School	..	..	..	38	(28)
(c) In other schools	..	..	..	133	(126)
				—	207 (189)

Number of children treated (new patients) .. 77 (72)

Number of children treated (old patients) .. 326 (276)

Total number of attendances (new and old)

at Clinic and schools .. 983 (920)

(The figures in brackets refer to 1968)

(f) *Child Guidance Clinic:*

The Child Guidance Clinic in Southey Road is under the direction of a Consultant Psychiatrist, Dr. M. Aldridge, and open each week day.

Children are usually referred to the Child Guidance Clinic by school doctors or general practitioners, but access is directly and freely available to teachers and parents.

The Worthing clinic serves a wide area and the work summary which follows only refers to children living or attending schools in the Borough, details of which have been kindly supplied by the Child Guidance Clinic:—

1. Referral:

Referred by	5 years & under		6-11 years		12-16 years		17 years & over		All ages		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
School Medical Officer ...	2	—	5	2	—	—	—	—	7	2	9
Courts and Probation Officers ...	—	—	—	—	1	—	—	—	1	—	1
Parents and others ...	1	—	7	3	2	4	1	—	11	7	18
General Practitioners ...	3	2	11	6	7	3	—	—	21	11	32
Children's Department ...	—	—	1	3	2	2	—	—	3	5	8
Head Teachers ...	—	—	14	4	2	2	—	1	16	7	23
Education Department ...	—	—	—	—	1	—	—	—	1	—	1
Hospitals ...	1	1	1	4	1	—	—	—	3	5	8
Other Child Guidance Clinics ...	—	—	—	—	1	—	1	—	2	—	2
Health Visitors ...	1	—	—	—	—	—	—	—	1	—	1
Educational Psychologist ...	—	—	2	1	—	—	1	—	3	1	4
Youth Employment Officer ...	—	—	—	—	—	—	1	—	1	—	1
Totals	8	3	41	23	17	11	4	1	70	38	108

From this table it will be seen that General Practitioners were the largest sources of referral. Half the children were in the age range 6-11, and there were twice as many boys referred as girls.

2. Investigation :

Number of children investigated at the Child Guidance Clinic during the year and found to be:

(a) In need of child guidance help	..	..	..	82
(b) Not in need of child guidance help	..	..	..	18
(c) Educationally sub-normal	..	..	..	2
Total				102

3. Treatment :

No. of children treated during year	..	..	..	69
No. of children awaiting treatment on 31.12.69	..	..	..	2

Dr. Aldridge has kindly contributed the following report on the work of the clinic during the year:—

“Though there has been an overall increase in referrals to the clinic those within the Worthing area have remained essentially the same.

I think it is true to say that the existence of the Child Guidance Clinic facility is not widely realised by the public at large. If there are means whereby the existence of this service could be brought to the notice of those who might need to make use of it this would, of course, be helpful. Schools vary in the number of referrals they make and I believe that increased contact with schools could be rewarding. It would be very valuable, in my view, for class teachers to feel able to discuss any problems arising out of their work on a quite informal basis with members of the clinic staff, and also perhaps it might be possible to arrange meetings based round a particular topic at a time convenient for school and clinic staff respectively.

If discussion were helpful to the class teachers it could provide them with a surer indication as to whether the Heads of the schools need to be troubled with the problem. This would, at first, I am sure, result in more referrals but might later actually cut them down.

As to the need for our service to be better known we do tend to be regarded as a last resort when, in fact, experience shows that early referrals is accompanied by more rapid and successful relief of symptoms and problems. There is, of course, still a certain amount of prejudice surrounding seeking help from Psychiatrists and a feeling still, unfortunately, in some quarters that those referred to us must, by definition, be inferior persons.

There has been an increase in referrals from the younger age groups and these are particularly gratifying cases in which, for instance, a 3-year-old (or even younger) is dominating the household and parents are both anxious and exasperated. Usually these cases are not difficult to help and I feel that the long term benefits of early intervention here are probably very considerable.”

(g) *Obesity Clinic :*

This Clinic was commenced on the 1st April, 1969, at the Central Clinic, under the supervision of Dr. A. M. Lowry, School Medical Officer.

The treatment consists of a combination of physiotherapy, psychotherapy, regular weighing, diet control and where necessary the use of Ponderax tablets. It is not proposed to use at any time the habit forming drugs, particularly the amphetamine group, so as to avoid the risk of addiction.

Dr. Lowry reports:—

“Twenty-three children attended this Clinic during the year. Of these 18 were girls and 5 boys—the overweight schoolgirls always being more enthusiastic than the boys.

These overweight children made a total of 87 attendances between them—but 7 girls and 1 boy were discharged as having reached and maintained a satisfactory weight.”

(h) *Enuresis Clinic*:

Sometimes the condition known as enuresis (bed-wetting) persists after babyhood and the toddler stage into school life, causing the child embarrassment and unhappiness. The special enuresis clinic which was begun in 1967 to help these children continued throughout the year. Some of the children were referred as a result of a routine school medical examination and some by their general practitioners. In all cases the doctor’s permission was obtained before treatment commenced and he was also notified of the treatment given.

The actual treatment is a combination of psychotherapy (discussion with a view to altering the child’s or his parents’ attitudes) and drugs. A “cure” in most cases has been regarded as four weeks without a wet bed, and all children are followed up in three months to see if in fact the cure is permanent.

During treatment the parent (or child) keeps a very careful record of the “wet” or “dry” nights between appointments which are usually at monthly intervals.

The details were as follows:—

Number of clinic sessions held	26 (24)
Total number of children attending ..	60 (67)
Total number of attendances made ..	251 (243)
New cases referred (boys 19, girls 13) ..	32 (39)
New cases discharged cured (boys 7, girls 11)	18 (20)

(The figures in brackets refer to 1968)

In addition to the children treated at the clinic, some were issued with pad and bell alarms. When the child starts to wet his bed an electric circuit is completed and this causes the bell to ring, thus waking him up. Not all cases are suitable, but properly used this method of treatment can be extremely effective and earn the heartfelt thanks of the child and his family.

3 children were treated during the year with pad and bell alarms. The results were good, as the following table shows:—

Result	No. of children treated		
	Boys	Girls	Total
Complete success ..	3 (5)	— (—)	3 (5)
Marked improvement..	— (5)	— (—)	— (5)
Some improvement ..	— (—)	— (—)	— (—)
Not improved	— (—)	— (—)	— (—)
Totals	3 (10)	— (—)	3 (10)

(The figures in brackets refer to 1968)

DENTAL INSPECTION AND TREATMENT

Report of the Area Dental Officer:

“It is pleasing to be able to write that in September 1970 we should, at last, have realised one of our great needs—the provision of a mobile dental caravan and additional professional staff. It is to be hoped that the children of Worthing will benefit from the improved services. These will be mainly concerned with dental treatment at the schools, causing minimal loss of classroom time for the pupils, and also reducing the number of failed appointments and loss of professional time. If it can be arranged it would be beneficial for the hygienist to work occasional sessions in the caravan thus enabling the children being treated at school to have topical fluoride applications when advised and any routine prophylaxis as necessary.

The introduction of the school dental hygiene kits appears to have met with great success and it is to be hoped that given this start parents will take the initiative and continue to use a fluoride toothpaste, use only a toothbrush which is in good condition, and avail themselves of routine dental examinations long before troubles start. It is interesting to note that the British population of approximately 50 million, bought in 1968 about 33 million toothbrushes of all types, i.e. less than one per annum per head of population. Most people seemed to buy one just before going on holiday!

The overall work done by the department was slightly up on 1968 and all children attending school were inspected. No figures, however, can show the time and energy spent by the staff and Health Education Organiser on talks at the chairside, at schools, at ante-natal classes or other meetings. We nearly all know the why’s and how’s of sound dental care, but few seem to put these into practice. It is therefore the motivating factor which appears to be missing, and so all who believe in the importance of a sound dentition should endeavour to motivate others by example and education.”

The statistics which follow are for school children only and refer to 1969. (Those in brackets are for 1968). Further details of treatment given (including orthodontic treatment) will be found in Tables E and F on pages 110 and 111.

School Inspections :

Number of half-day sessions	54	(55)
Number of children inspected	9,563	(9,083)
Average number of children seen per inspection	1,771	(1,651)
Number referred for treatment	3,606	(2,871)
Number treated	1,460	(1,002)

Dental Treatment :

Number of half-day sessions at clinic	418	(492)
Number by mobile dental unit	50	(59)
Number of attendances made	4,036	(4,350)
Average attendance per session	96	(93)
Number of failed or cancelled appointments ..	892	(1,115)

HANDICAPPED PUPILS

The Education Act of 1944 made it the duty of every Local Education Authority to find out what children in the area needed special educational treatment. This "ascertainment" remains one of the most important functions of the School Medical Officer. All handicapped children over the age of two are his concern, and he maintains his supervision throughout their school life.

Table G on page 111 shows the number of handicapped children requiring special educational treatment in each of the ten categories. At the end of 1969 there were 103 children on the registers of special schools (60 day pupils and 43 boarders) compared with 111 in 1968. In addition 4 children were in full-time attendance at the partially hearing unit in Downsbrook County Primary School. There were also 28 emotionally disturbed children attending part-time at the Remedial Centre in Richmond Road. No children were being educated in hospital but 3 were receiving home tuition.

During the year 15 children were assessed as needing special educational treatment and 13 were suitably placed. Three were still awaiting placement at the end of the year. The 15 children who were assessed comprised 8 educationally subnormal, 3 maladjusted, 1 partially sighted, 1 partially deaf, 1 physically handicapped and 1 delicate.

Deaf and Partially Hearing Children:

The testing of hearing (as of vision) is best done soon after a child begins school though it is, of course, more time consuming at this age. The majority of the 1,646 children who were routinely tested in 1969 were school entrants aged 5 though some were older. Several children had to be tested more than once, but none had to be referred for further audiological investigations. The method used to test children's hearing is called "sweep-testing," and is done by School Nurses using a pure-tone audiometer. Full-scale audiometric testing for every child would be very time consuming and the "sweep-testing" method enables larger numbers of children to be seen at one session. Each child is tested individually and each ear separately. Four frequency levels within the range of normal speech are used at a fixed intensity of 20 decibels.

There were five Worthing children, aged 4-9 years, attending full-time and three attending part-time at the Special Unit for partially hearing children which is situated within the precincts of Downsbrook County Primary School. They are taught by a qualified Teacher for the Deaf using specialised equipment, but integrate with normally hearing children for three sessions each week.

Two partially hearing children were at special residential schools, one in Brighton and one at Mill Hall School, Cuckfield.

One partially hearing child attending a secondary school in Worthing was visited regularly by the teacher in charge of the Unit, Mrs. F. M. Gledhill, and in addition, a number of children from various primary schools continued to come to the Unit for regular sessions of special teaching.

Educationally Subnormal Children :

I am grateful to Mr. G. E. Pickett, Headmaster of the George Pringle School, for the following report:—

“At the end of 1969 the number on roll in the main school was 130—92 boys and 38 girls—and there were three girls and five boys in the Diagnostic/Observation/Assessment Unit, making a grand total of 97 boys and 41 girls. This total of 138 was made up as follows:—

5 years of age	3
6 „ „ „	2
7 „ „ „	8
8 „ „ „	9
9 „ „ „	10
10 „ „ „	21
11 „ „ „	22
12 „ „ „	11
13 „ „ „	14
14 „ „ „	15
15 „ „ „	23
	<hr/>
	138
	<hr/>

From the opening of the Assessment unit in January, 1968, until the end of Christmas term 1969, 15 children were taken on the roll of the Unit and have remained there for periods varying from one month to 17 months under close observation before decisions as to future placement have been made. Of the seven taken off roll during this period, two are now in the Junior Training Centre, three have been admitted into our main school, one went to an Observation Unit of Belmont Hospital and one moved out of the district and transferred into a Diagnostic class in the district into which he moved. Regular consultations are held between representatives of the School Health Service, the Education Department, the County Psychological service, the teacher in charge of the Observation Unit and the Headmaster. These take place about the middle of each term, and at these meetings there is full discussion of each child in the Unit before any decisions as to future placement are made.

Mrs. Chalmers (née Foley) has continued with the regular speech therapy sessions one morning a week. During the year upwards of 20 children have either been receiving treatment or have been under observation.

On Monday, 21st July, we held our sixth annual Sports Day. All children took part and allowance was made for physical disabilities. We were again favoured by a fine day and there was a good turnout of parents and friends.

On Tuesday, 1st July, 37 children accompanied by teachers attended the third annual inter-school sports at Crawley Stadium—all special schools in the County being represented. The emphasis was social rather than competitive—the “taking part” being all important.

During the year football matches were played against the other special schools in the County. One was drawn, the others won by appreciable margins.

Apart from a short winter break the P.E. Club has continued to flourish. There is continued keen interest in Swimming and a waiting list. Regular visits to the Aquarena are made each Friday morning.

The Evening Club, which was started in October 1967, to preserve the link between leavers and the school, is very much a going concern—numbers fluctuating up to 22 or 23. As children approach the age of 15 they are eager to attend the Club and to meet old boys and girls of the school. Activities include table tennis, billiards, listening to records, P.E., chess, etc. Sincerest thanks are due to the teachers who run the Club voluntarily.

As part of the Preparation for Life leaving programme visits have been made to the Vaga Clothing Factory at Shoreham; the I.K.C. Offices and Warehouse; Whitehead's Paper Manufactory; Charles Kirk Blouse Manufacturers; Quick Release Terminals; the Worthing Borough Nurseries; Lancing Packers; and Knowles Bakery. On 8th December Miss Gray, the Careers Officer, spoke to the children who would be leaving during the school year ending July 1970. In the Christmas term Miss Jones, Health Education Officer, gave a series of 12 Mothercraft lessons to the senior girls.

During the year 1969 the senior boys have continued the outside activities, laying more concrete paths for the gardens, renovating the cold frames, continuing the sandpit for Class One, and extending the car parking area, though, as more time has been spent on garden cultivation, time for other outdoor activities has been somewhat curtailed. As a result of the extra time spent on the garden itself during the year, the children have raised very good crops of runner beans, broad beans, onions, carrot, potatoes, tomatoes and a plentiful supply of flowers too.

On 9th July, Dr. Pringle, former Medical Officer of Health, gave his Leavers' Awards for the year ending July 1968. These were given to the three children who, 'within the limits of their intellectual capacity, had made the greatest progress towards the achievement of a full and useful life'. Before the choice of the three recipients was made there was discussion between the Head and the staff and between the Head and the particular employers—the delay between the date of leaving and the presentation of the awards being deliberate so that judgment was based on at least a year's experience at work and not just on a prognosis at the date of leaving.

During the year visits have been paid to the school by the Municipal Orchestra and the Boys' High School Orchestra. These were markedly successful and engendered great enthusiasm. Another visit that was very popular was that of the Connaught Theatre Company in June. The audience participation in the play, "The Silver Arrow", was especially popular.

In addition to the outside visits by leavers other class visits have included—farms on the Duke of Norfolk's estate, the Worthing Museum, the Worthing Library, Brighton Aquarium, Bramber Castle and Museum, Arundel Park, Worthing Fire Station, and the High Salvington Bird Sanctuary.

As in previous years many parents have visited the school to discuss their children, to look around the school, to attend the medical inspection, or to join in one of the annual activities of the school such as Harvest Festival, Carol Service or Sports Day.

I would like to pay tribute to all teachers and auxiliary staff for conscientious and selfless devotion to the many needs of our children."

Maladjusted Children:

Day educational treatment of emotionally disturbed children is provided at the Remedial Centre in Richmond Road. I am grateful to the Teacher-in-Charge, Mrs. E. Field, for the following report on the work of the Centre during the year:—

"In September 1957 Mr. George Dann started the Worthing Remedial Centre, the aim being to give educational help to emotionally disturbed children in co-operation with the Child Guidance Clinic.

The Centre now has 58 children, with an age range from 5 to 17 years, attending each week for either an afternoon or a morning session. The building has two very large rooms; one is arranged with educational needs in mind, and the other for activities, e.g. woodwork, painting, pottery, drama, music, cookery, sand and water play. There are two punch balls which are useful for the anti-social boys to work through their aggression. We are staffed by two full-time teachers, one being myself, and a part-time teacher in the mornings.

Range of behavioural problems at the Centre:

- (1) Hyper-active, restless and aggressive children, who can become a nuisance in a group as they tend to damage other children's property, etc.
- (2) Withdrawn children who have difficulty in making contact with people.
- (3) School phobic children who have a group of symptoms. At present there are thirteen of these children at the Centre. When a child is admitted quite often the mother has to accompany him to the Centre and remain throughout the session.
- (4) Behaviour disorders such as stealing, lying, truanting, unmanageableness, and demanding of attention.
- (5) Children with learning difficulty—those who have failed in Reading and Number.

There has to be some flexibility of the groups as the children's needs differ so widely, and a child will often select a member of staff to attach himself to. This relationship between teacher and child is often the most important part of the work. The task of educating many of these children cannot begin until they have experienced a good relationship with an adult whom they feel they can trust. Once this has been established the child begins to recover emotionally and it is then that the progress with school work goes ahead.

Liaison with the Child Guidance Clinic:

The Psychiatrist comes to the Centre quite often and so he is able to observe a child's behaviour in the group. There never seems to be any change in the children's behaviour during his visits. They accept him unquestioningly. Teachers have weekly sessions with the full Clinic staff consisting of Psychiatrist, Educational Psychologist, and Psychiatric Social Workers. Any child can be discussed on request, and help is given in dealing with a particular problem. This link with the Clinic is most valuable to us in our work and we are grateful to Dr. Aldridge and the Education Department for making it possible.

A number of school visits have been made and sometimes it has been necessary to make home visits to get children out of the home and attending at the Centre.

Many past cases, particularly of the school leavers, have been followed up, and most of the pupils now in full-time employment find time to come back for a visit. One girl of 16 is working in a large store, having held the post for ten months. She came to the Centre at 14½ having been unable to leave the house for many months, and was very depressed and withdrawn. She is enjoying her work very much, has had promotion in her department and is now leading a happy social life. Many others have come back for help and advice on their future careers and have gone on for further study at the College of Further Education.

Visitors to the Centre during the year have included H.M. Inspector and students from Brighton and Portsmouth Colleges of Education. We have also had students from the Institute of Education, London University, taking an Advanced Diploma Course in the teaching of maladjusted children. Postgraduate students from Sussex University have also visited the Centre.

I am grateful for the help and support I have received from the Education Department, the Child Guidance Clinic, and Head Teachers."

Spastic Children:

The Worthing, Littlehampton and District Spastics Society continued to run the FitzAlan Howard Day Centre in Pavilion Road.

I am grateful to Mrs. A. Symonds, Teacher-in-charge at the Centre, for the following report: —

"As mentioned in the 1968 Report, the Centre opened on September 9th, 1968. The official opening, by the Duchess of Norfolk, took place on January 21st, 1969, and on that day an ambulance was presented to the Spastic Society by the young people of Worthing. This is used to transport the children to riding lessons, swimming sessions at the Aquarena, picnics and parties, and is much appreciated.

There are now seventeen children attending the Centre, some daily, others on a part-time basis. The Centre caters for children from two to eleven years of age, divided mainly into two groups. The nursery department takes children from two to five years old, and a normal nursery routine is followed as far as handicaps allow. Children who are unable to benefit from more formal education remain in this department until they are eleven years old, while those who can benefit transfer to the schoolroom at five provided there is a vacancy. Both departments work very closely together, and the children form one group for activities such as swimming, riding and dancing.

It was envisaged, at first, that the children receiving lessons should be taught individually, separated from the group, following home teaching procedures, returning to the group for the remainder of the day. However, it proved impossible to have a room available throughout the day for this, and it was felt that, by keeping the school-aged children in a class and having a room of their own, they would be more stimulated, would have more social contact and training, and would lead a more normal school life for their age. The age range would also be more limited in each group.

This did pose problems however, as the nature of physical handicap and the distractibility characteristic of spastic children makes a "one-to-one" teaching situation very necessary, and so a Welfare Assistant has been appointed, leaving the teacher free to deal with one child individually for parts of the day, though group work also forms an important part of their training. The age range of from five to eleven years and the extreme range of abilities, both mental and physical, has brought a need for a similarly wide range of equipment and apparatus, but the Local Education Authority has provided generously of both, and makes an annual grant for additions and replacements.

The nursery department has been hampered in its intake because of limited toilet accommodation, but in December a start was made on new toilet facilities. This project is now complete and all concerned are delighted with the improvement.

If the Spastics Society feel a child will benefit from attendance at the Centre, the local authority is consulted, as a grant is made in respect of each child. Once admitted several departments are concerned with his progress. The child will sooner or later be invited to attend the Assessment Centre of the Spastics Society at Fitzroy Square, London, preferably with both parents. Here, a panel consisting of a doctor, psychiatrist, educational psychologist and a social worker, specialists in the care of spastics, give a joint recommendation on the future treatment and education of the child, who is then usually seen at regular intervals. The panel usually asks for a report from the Centre staff, who have the advantage of close daily observation of the child over a prolonged period. The Worthing and West Sussex Health and Education Departments also advise and members of the School Psychological Service visit to assess the children's abilities and advise on teaching problems and future placement.

During this first year procedures have been laid down for the routine assessment and reporting on each child, and it has been agreed that regular meetings of all departments are essential, so that problems can be discussed and resolved and the progress of each child closely watched, his abilities and disabilities carefully considered, so that the most suitable provision is made for his future needs. Although the upper age limit is eleven years, it is hoped that most children will be placed before then, perhaps in a residential school, a school for physically handicapped children, or a Training Centre. The earlier a child is placed in an "all-age" school, the longer the period of stability and continuity of teaching and training methods; and as the older children leave the Centre, a schoolroom vacancy occurs for children from the nursery department.

One child has left the Centre in 1969 to go to a residential school. Though younger than usual, family illness necessitated his residential placement. He has settled well and it is felt that his short time in the Centre was invaluable. Two others have been accepted by Spastics Society schools, one in the summer term of 1970 and one in September, 1971, the local authority agreeing to accept responsibility for the fees. As waiting lists for schools are very long it is essential that childrens' needs be assessed as early as possible, so that application can be made for the most suitable school without delay.

One little girl from the nursery will be starting at an ordinary school in April, 1970, and another child, who is physically and verbally more able than her companions, is attending the Remedial Centre, to help "widen horizons" and prepare her for possible residential placement later.

It is realised that, for the child to exact most benefit from his future schooling, the training he receives now is vitally important. It is natural that handicapped children should be over-protected and too much done for them, and the aim in the Centre is to make every child as independent as he possibly can be. Nothing is done for a child that he can do for himself. Though this may seem hard-hearted at times, it is wonderful how a child can gain in confidence and pleasure when he realises that he can perform a task that he never thought of trying before, and the persistence shown by some children is amazing, the feeling of satisfaction on achievement being proportionate to the amount of effort involved. Some children may never be able to learn academically, but if they are socially aware and able to benefit from the company of others, life will be more rewarding for them.

Sadly, it must be admitted that for some children there is little that can be done except to keep them as comfortable as possible, feed them, wash them, play with them, perhaps with little response. Parent relief, however, is a very necessary service, not only for the help it gives the hard-pressed mother, but for the benefit of the rest of the family, particularly where other young children are concerned.

There are five full-time members of staff in the Centre, three in the nursery, provided by the Spastics Society, two in the schoolroom, employed by the Local Education Authority. A physiotherapist and a speech therapist attend weekly, to treat the children and advise the other staff. A dancing teacher also visits weekly, with an accompanist. Many other people are involved in the running of the Centre, besides these and the local authorities already mentioned. The Spastics Society have their own Management Committee for the administration of the Centre, and during the year visits have

been received from members of the Headquarters staff of the Spastics Society, the local Mental Welfare Officer, Children's Officer, Health Visitor, Handicapped Services Officer and Staff of the Remedial Centre and the George Pringle School. All have given help and advice during the year. The drivers and escorts who bring the children daily are firm friends of children and staff, and voluntary workers come regularly to help with the feeding and washing of children, assisting at riding lessons and swimming sessions at the Aquarena, parents living locally being particularly active.

The general feeling is, we think and hope, that a good beginning has been made, and the first year's work beneficial to the children and satisfying to all concerned."

HOME TEACHING

Home teaching can be of very great value to some handicapped children for whom placement in a special school with other children is not practicable or suitable. I am indebted to Mrs. J. R. Bridger for her report on this service during the year: —

"Home teaching is necessary when children are absent from school for long periods as with asthma, epilepsy, leukaemia or following operations. Sometimes, as in some cases of cerebral palsy, heart disease or of dwarfism, it is essential throughout a child's entire school life.

Sometimes it is beneficial for a child to acclimatise himself gradually to school after a long absence and to attend part-time and have part-time home tuition. This is especially valuable in the case of school phobics.

In Worthing two home teachers are employed, and during 1969, 13 children between the ages of 5 and 16 were taught at home for an average of $6\frac{1}{4}$ hours each week.

Three teenagers were school phobics and all have been encouraged to return to school (in two cases to different schools) either full- or part-time.

Two girls suffering from broken femurs were taught in Worthing Hospital, and then at home until they were able to walk normally again. One boy recovering from a hip operation was taught at home for three months. All these made very good progress educationally while resting physically.

An eight-year-old girl suffering from a kidney complaint has been taught at home throughout the year, while an eight-year-old boy with leukaemia was able to return to school during a remission period towards the end of the year.

A six-year-old boy recovering from a tonsillectomy received home tuition for a short period; while a five-year-old with hydrocephalus benefited from individual teaching until he was strong enough to mix with other children.

During the year one boy entered Blatchington Court, Seaford, a school for partially-sighted boys and he is making good progress.

One mentally handicapped spastic boy is being taught at the Durrington Junior Training Centre and another who is autistic and psychotic is benefiting from home tuition.

The teachers arranged a number of outings to places of interest for these children during the year. A Christmas Party was held as usual and after Christmas the Worthing Companions Club kindly organised a visit to the pantomime and the Mayor of Worthing joined the children for tea afterwards.

As teachers we are most grateful for the helpful co-operation of parents, heads of schools and teachers who receive these children back into their schools with sympathy and understanding."

**CHILDREN FOUND UNSUITABLE FOR EDUCATION
IN SCHOOL**

The term "unsuitable for education in school" has replaced the term "ineducable". This reflects the more positive and hopeful attitude now prevailing with regard to mentally handicapped children. Though ineducable within the present educational system, training and "education" is available through the Mental Health Service, particularly in the Junior Training Centre.

During the year five children were reported to the Local Health Authority under section 57 (4) of the Education Act, 1944, as being unsuitable for education in school.

OTHER SERVICES

Provision of School Milk and Meals:

From September, 1968, only children of primary school age were still entitled to one-third of a pint of milk free each day.

I am indebted to the Borough Treasurer for the following figures for the financial year 1969/70. Those for 1968/69 are given in brackets for comparison:—

Total number of school days	185	(186)
Daily average number of children attending school	9,529	(9,313)
1. Milk		
Daily average number of primary school children receiving $\frac{1}{3}$ pint of milk	5,176	(5,030)
Percentage of primary school children receiving milk	98.7%	(95.4%)
2. Meals		
Total number of meals served	1,349,136	(1,366,274)
Daily average number of children taking meals ...	7,293	(7,346)
Percentage of children taking meals	76.5%	(78.9%)

Health Education in Schools:

Full details will be found on page 48 of this report of the work in schools by the Health Education Organiser. The Area Dental Officer also refers to her work in his report on page 97.

School nurses continued to give talks on parentcraft and hygiene as part of the curriculum in some of the schools.

Medical Examination of Entrants to Teachers' Training Colleges and to the Teaching Profession:

No. of examinations for admission to Training Colleges	73	(73)
No. of examinations for entry to the teaching profession	4	(6)
No. of examinations of teachers for other Authorities	4	(8)
	<hr/>	<hr/>
TOTAL	... 81	(87)
	<hr/>	<hr/>

(The figures in brackets refer to 1968)

School Hygiene and Sanitation:

Public Health Inspectors made visits to schools in connection with the following matters:—

Kitchen Inspections	.. .. .	6	(29)
Food and Ice Cream Sampling	.. .. .	7	(7)
Swimming Bath Sampling	.. .. .	3	(9)
Disinfestation (ants, rats, etc.)	.. .. .	11	(11)
		<hr/>	<hr/>
Total number of visits	..	27	(56)
		<hr/>	<hr/>

(The figures in brackets refer to 1968)

INFECTIOUS DISEASE IN SCHOOL CHILDREN

The number of confirmed cases of notifiable infectious disease in school children during the year was as follows:—

Scarlet fever	...	...	...	4
Whooping cough	...	...	...	2
Measles	...	...	...	5
Meningitis	...	...	...	1
Infective Hepatitis	...	...	...	6

DEATHS OF SCHOOL CHILDREN

The causes of death among children of school age (i.e. 5-15 years) for Worthing registered during 1969 were:—

External Causes	...	2	(Boy aged 5 and Girl aged 6)
Generalised Reticulosarcoma	..	1	(Boy aged 14)
		<hr/>	
TOTAL	...	3	
		<hr/>	

ROAD ACCIDENTS TO SCHOOL CHILDREN

Forty-one school children were involved in road accidents in Worthing during 1969, a decrease of 5 over the previous year. The details were:—

Killed	...	...	...	—	(1)
Seriously injured	...	...	...	5	(9)
Slightly injured	...	...	...	36	(36)
				<hr/>	<hr/>
TOTAL	...	...	...	41	(46)
				<hr/>	<hr/>

(The figures in brackets refer to 1968)

Medical inspection of pupils attending maintained Primary and Secondary Schools during the year 1969

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any other condition	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 and later	3	3	—	—	—	—
1964	687	687	—	8	65	73
1963	415	415	—	4	27	31
1962	49	49	—	2	4	6
1961	36	36	—	1	1	2
1960	33	33	—	1	1	2
1959	58	58	—	8	3	11
1958	394	394	—	33	22	55
1957	279	279	—	22	7	29
1956	67	67	—	4	—	4
1955	258	258	—	16	6	22
1954 and earlier	848	848	—	72	28	100
Total	3,127	3,127	—	171	164	335

TABLE B — OTHER INSPECTIONS

NOTES—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections .. 69

Number of Re-inspections 507

TOTAL .. 576

TABLE C — INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons, 3,925.
- (b) Total number of individual pupils found to be infested, 16.
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944), nil.
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944), nil.

The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

TABLE D — DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic Inspections				Special Inspec- tions
		Entrants	Leavers	Others	Total	
4	Skin T O	2 —	7 —	3 1	12 1	3 —
5	Eyes—a. Vision T O	8 25	88 23	75 46	171 94	9 —
	b. Squint T O	11 3	— —	1 2	12 5	— —
	c. Other T O	2 —	— —	3 —	5 —	1 —
6	Ears—a. Hearing T O	1 40	— 4	1 35	2 79	3 —
	b. Otitis Media T O	— —	1 —	— —	1 —	— —
	c. Other T O	— —	— —	2 —	2 —	1 —
7	Nose and Throat T O	3 —	1 —	8 2	12 2	— —
8	Speech T O	10 2	1 —	4 1	15 3	— —
9	Lymphatic Glands T O	— —	— —	— —	— —	— —
10	Heart T O	— 3	— 4	1 9	1 16	— —
11	Lungs T O	3 5	— 4	2 6	5 15	— —
12	Developmental—a. Hernia .. T O	— 1	— —	— —	— 1	— —
	b. Other T O	— 8	— —	1 23	1 31	— —
13	Orthopaedic—a. Posture .. T O	— —	— —	— —	— —	— —
	b. Feet T O	5 3	— 1	5 —	10 4	1 —
	c. Other T O	4 —	4 1	3 —	11 1	— —
14	Nervous System—a. Epilepsy .. T O	— —	— —	— 3	— 3	— —
	b. Other T O	— —	— —	— —	— —	— —
15	Psychological—a. Development .. T O	— —	— —	— —	— —	— —
	b. Stability T O	— —	— —	— —	— —	— —
16	Abdomen T O	— —	— —	— —	— —	— —
17	Other T O	24 10	20 8	31 13	75 31	51 —

T—Treatment. O—Observation.

TABLE E—DENTAL TREATMENT (SCHOOL CHILDREN)—1969

Treatment	Age 5-9		Age 10-14		Age 15 and over		Total—all ages	
	Permanent	Deciduous	Permanent	Deciduous	Permanent	Deciduous	Permanent	Deciduous
Extractions	34	141	72	30	4	—	110 (66)	171 (104)
Fillings	502	1,244	1,194	136	217	—	1,913 (1,572)	1,380 (1,661)
X-rays	15	24	75	23	24	3	114 (73)	50 (42)
Local anaesthetics	14		104		33		151 (143)	
General anaesthetics (M.O.)	60		32		2		94 (63)	
General anaesthetics (D.O.)	—		—		—		—	—
Teeth made self-cleansing and silver nitrate applied	—	38	—	3	—	—	— (—)	41 (23)
Temporary dressings	26	83	44	14	12	2	82 (71)	99 (95)
Root canal treatment (first)	—	14	6	2	1	—	7 (6)	16 (4)
Root canal treatment (subsequent)	2	4	17	1	3	—	22 (12)	5 (3)
Root canal treatment (last)	—	—	4	—	2	—	6 (3)	— (4)
Jacket crown (preparation)	—	—	2	—	7	—	9 (6)	— (—)
Jacket crown (fit)	—	—	2	—	4	—	6 (7)	— (—)
Stoning	1	198	4	30	—	—	5 (30)	228 (146)
Surgical	—	—	—	—	—	—	— (—)	— (—)
Scale and polish	81	—	156	—	33	—	270 (249)	— (9)
Topical fluoride	14	—	37	—	6	—	57 (81)	— (—)
No. of sessions by Hygienist: 45 (43)								

(The figures in brackets refer to 1968)

**TABLE F—DENTURES AND ORTHODONTIC TREATMENT
(SCHOOL CHILDREN)—1969**

Treatment	Age 5-9	Age 10-14	Age 15 & over	Total (all ages)
Impression	5 (1)	22 (30)	6 (4)	33 (35)
Bite registration	4 (1)	15 (20)	6 (3)	25 (24)
Try in	— (—)	1 (—)	— (2)	1 (2)
Fit denture	— (—)	— (—)	— (—)	— (—)
Fit removable appliance	3 (—)	16 (23)	— (—)	19 (23)
Upper partial	— (—)	3 (—)	— (2)	3 (2)
Lower partial	— (—)	— (—)	— (1)	— (1)
Upper full	— (—)	— (—)	— (—)	— (—)
Lower full	— (—)	— (—)	— (—)	— (—)
Ease	— (—)	— (4)	— (—)	— (4)
Orthodontic appliance adjustment ..	2 (5)	53 (118)	— (9)	55 (132)
Repairs	— (—)	— (6)	— (1)	— (7)
Inlays preparation	— (—)	— (2)	3 (2)	3 (4)
Inlays fit	— (—)	— (3)	4 (1)	4 (4)
Polishing fillings	84 (106)	161 (141)	32 (42)	277 (289)
Temporary crown-fit	1 (—)	2 (3)	1 (2)	4 (5)
Examination and/or advice	218 (478)	134 (369)	13 (100)	365 (947)

(The figures in brackets refer to 1968)

TABLE C—HANDICAPPED CHILDREN, 1969

	(a) Blind	(b) Partially sighted	(c) Deaf	(d) Partially hearing	(e) Educationally sub-normal	(f) Epileptic	(g) Maladjusted	(h) Physically handicapped	(i) Speech defect	(j) Delicate	Total
A. Assessed during 1969 as needing special educational treatment at special schools or boarding homes ..	—	1	—	1	8	—	3	1	—	1	15
B. Placed in special schools or boarding homes during year (including those as- sessed before 1st January, 1969)	—	1	—	—	7	—	4	—	—	1	13
C. Awaiting placement on 22nd January, 1970 (a) in day schools .. (b) in boarding schools ..	— —	— —	— —	— 1	1 —	— —	— —	1 —	— —	— —	2 1
D. (1) Number on the registers of (i) Maintained special schools as (a) Day pupils .. (b) Boarding pupils (ii) Non-maintained special schools as (a) Day pupils .. (b) Boarding pupils (iii) Independent schools (2) Numbers boarded out in homes and not in- cluded above	— — — — — —	— 1 — 2 — —	— — — — — —	— — — 1 2 1	60 8 — — — —	— — — — — —	— 12 — 2 5 2	— 1 — — 1 —	— — — — — —	— 1 — 4 — —	60 23 — 9 8 3
TOTAL : D (1) and (2)	—	3	—	4	68	—	21	2	—	5	103
E. Number receiving education (a) in hospitals .. (b) in other groups .. (c) at home ..	— — —	— — —	— — —	— — —	— — —	— — —	— — 2	— 4 —	— — —	— — 1	— 4 3

(NOTE: This table now excludes children attending the Remedial Centre, the Partially Hearing Unit and hospital schools)

